chat
Healthy conversations from pregnancy to preschool

Ten Steps for Feeding Babies

Ten Steps for a baby's first twelve months

INFANT & TODDLER FORUM

Practical advice for healthy eating habits from pregnancy to preschool

Breastfeeding helps protect your baby from illness

It may take time for you both to learn how it works best for you – ask for help if you need it

Breastfeeding is the optimal way to feed an infant. Research shows it reduces the risk of otitis media (ear infections), respiratory infections and gastroenteritis in infants, particularly for infants under six months of age. Fewer breastfed infants are admitted to hospital than those who are formula fed. Breast milk boosts the immunity of infants because it contains antibodies to illness and infection produced by the mother.

The composition of human milk is the biological norm for infant nutrition. It is a dynamic, bioactive fluid that changes in composition from colostrum, produced in the first few days, to transitional milk – a mixture of colostrum and mature milk – and finally to mature milk from about two to three weeks of age. Breast milk composition also varies with each mother and during each feed, and at different feeds over the day.

Breastfeeding is cheaper than formula feeding and involves no preparation or sterilisation of equipment. It is immediately ready at the right temperature when the infant shows they are ready for a feed.

At birth infants can already suck and swallow as this develops in utero, but this may be different in pre-term infants. However they need to develop a pattern of feeding, fitting in breathing with their suck and swallow. This may take several attempts over the first few days. As infants have a net fluid loss in the first few days, they only need very small amounts of ‘colostrum’ during this time.

Supply of colostrum is under hormonal control and will not be increased by frequent or prolonged feeding. Hence in those first 2-3 days mothers and their infants have plenty of time to find the best way for breastfeeding to be successful. Some mothers need support with attachment and the correct latch for the baby on the nipple. Healthcare professionals, such as a midwife or health visitor can provide this support and further advice as breast milk production varies.

Around day three, infants begin demanding more milk to satisfy their hunger and thirst and usually demand feeds very frequently – about every two hours. At the same time the volume of breast milk produced increases to satisfy this demand. It can be normal for mothers to experience some discomfort in their breasts at this stage of feeding due to the sudden increase in milk volumes.

From this time on breast milk is produced in response to an infant's suckling and over about 24 hours the mother's supply should adjust to the amount the infant is demanding. This short period of breast discomfort will diminish as the breasts adjust to producing the amount the infant is demanding. If the infant is allowed to feed for as long as they continue sucking and to come off the breast when they release the nipple, the infant should gradually adjust to a less frequent feeding pattern.

It is preferable to:

- offer both breasts at each feed
- allow the infant to feed as long as he or she wishes at each breast and to have a break in between when the infant can be winded
- alternate the breast that is offered first at each feed

Give breast milk, the best option, or infant formula for at least 12 months

The most common reason for giving up breast feeding is a perception that not enough breast milk is being produced. Support can be given to help mothers with breast milk production e.g. timing of feeds, expressing and managing stress.

Infants can find it easier to suck against the lower pressure associated with a bottle teat compared to sucking from the nipple, therefore they will often prefer bottle feeding if it is offered. Offering formula milk at one feed per day and breastfeeding at other feeds is preferable to maintain breastfeeding rather than topping up with bottle feeding after each feed.

If infants are given cow's milk in place of breast milk or formula milk as their main milk drink before 12 months of age, they are at higher risk of iron deficiency anaemia (IDA) during infancy or in their toddler years. IDA affects their growth and development.

Follow-on formula can be given as the main milk drink from six months of age although it is not necessary if complementary feeding progresses well and high iron foods are offered. Follow-on formulas are higher in iron and some nutrients than 'first' infant formulas.

Begin a vitamin D supplement from birth

as milk and foods do not necessarily provide enough

If mothers have taken a vitamin D supplement during pregnancy their infant will be born with a small store of vitamin D.

In 2016, the Scientific Advisory Committee on Nutrition (SACN) changed policy and set new recommended dietary intakes of vitamin D for the UK. They set a safe intake of 8.5-10µg/day for infants from birth and 10µg/day for pregnant and breastfeeding mothers. These recommendations are to guarantee sufficiency in those whose needs may not be met by sunlight alone. Adequate vitamin D is considered vital for infants to support their rapid rates of bone growth.

Vitamin D drops are needed from birth because breast milk contains very low amounts of vitamin D. Infant formula is fortified with vitamin D but only volumes of more than 800mLs/day will provide the recommended safe intake of 8.5-10µg of vitamin D.

Let your baby decide how much milk to drink

Offer a feed when your baby is hungry and remember babies cry for reasons other than hunger

Most infants regulate their energy intake over each day very accurately and grow according to their genetic inheritance.

A small number of infants have poor appetite regulation and if they consume an excess of milk they will cross upwards across the weight-for-age centiles on their growth chart. Crossing upwards across the weight-for-age centiles after eight weeks of age is a risk factor for childhood obesity.

It is easier to overfeed infants with a bottle than when breastfeeding, as the bottle teat can be held or forced into an infant's mouth when the infant has consumed enough milk and is satisfied.

Infants signal when they are hungry with a rooting reflex and by crying with hunger. Other signals include; waking and tossing, sucking on their fist, crying or fussing and opening their mouth while feeding to indicate wanting more.

However infants also cry when any of their needs are not being met e.g. when they are uncomfortable with cold, are in pain or when they would like some social stimulation. Parents and carers need to learn to distinguish the hunger signals from the signals for other needs.

Some parents may need support to recognise these signals and allow their infant to stop feeding even though they may not have finished a whole bottle of expressed breast milk or formula milk.

Begin to offer food alongside their milk feeds, by six months but not before four months

when you think your baby is ready for more

Complementary feeding or weaning describes introducing solid foods in addition to your baby's milk feeds. Between four and six months is when healthy term infants are typically ready to learn new feeding skills and when milk feeds alone no longer provide all the nutrients and energy they need to grow and develop.

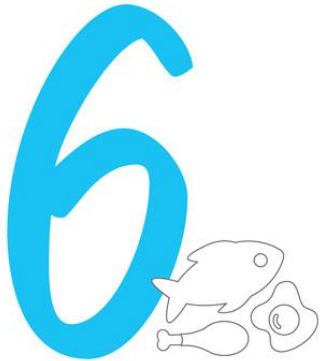
Introducing complementary feeding gives infants the opportunity to learn to like different tastes and textures of solids when they are happy to do so, whilst providing more nutrients in a smaller volume and increasing the iron content of their diet.

Signs that an infant may be ready to begin complementary feeding are:

- able to sit with support and control their head
- can co-ordinate their eyes, hands and mouth (needed for feeding)
- seeming less satisfied with milk feeds
- watching others intently when they are eating

Eating solid food requires moving the food to the back of the mouth for swallowing by moving the tongue backwards. This is the opposite to pushing the tongue forwards when sucking from the nipple or teat. It can be easy to misinterpret infants pushing food out of their mouth as dislike of a certain food, when in fact infants need several attempts to learn to move their tongue backwards with food. They learn this through trial and error, practice and role modelling at feeding times.

Infants develop skills at different rates and some are ready to begin complementary feeding at an earlier age than others. Research shows that parents usually begin earlier with large male babies who are growing at a faster rate than smaller male and female infants. There is no harm in beginning anytime between four and six months, but it is important to ensure the infant is ready. Delaying introducing complementary foods until after six months may increase the risk of nutrient deficiencies, and/or delay the development of key skills for eating.



Offer high iron foods from beginning of complementary feeding (weaning)

- meat, oily fish, eggs, pulses and nut butters

Iron is one of the most critical nutrients to introduce from the beginning of complementary feeding and foods high in iron should be introduced early in the process.

The best sources of iron are

- Meat and oily fish, which provide the haem form of iron which is easily absorbed by the body
- Pulses, eggs and nuts only contain the non-haem form of iron and absorption is less efficient but can be improved by combining them with a high vitamin C food

Ideally, savoury courses for infants should be made up by volume of:

- 1/3 high iron foods: meat / fish / eggs / nut butter / pulses (lentils, hummus, starchy beans)
- 1/3 starchy food: potato / rice / pasta / bread
- 1/3 vegetables

In the past, non-organic baby foods (particularly cereals and savoury courses) were usually fortified with iron. Organic food regulations do not allow iron fortification of food and therefore organic baby foods, which are now generally preferred by parents, are not fortified with iron.

Offer spoon-feeding, soft finger foods and a cup of water

at all meals so that your baby develops all their feeding skills

Some infants learn the new oromotor skills required for managing the different textures of complementary food more quickly than others.

Beginning with smooth food before offering thicker textures and lumps allows infants to progress these skills. Some need more practice with new textures before they master eating them and are ready to move on.

Infants may need small tastes of certain foods on several different days before they accept a new taste. Sweet tastes are accepted more readily than savoury tastes as infants are already familiar with the sweet taste of breast milk or formula milk, therefore it is important to encourage a range of savoury or bitter tasting foods, alongside those that are sweet.

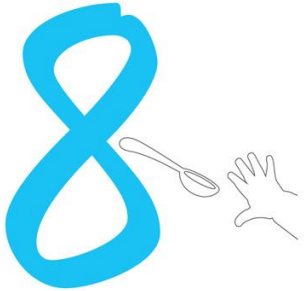
Offering water in a lidded cup without a valve encourages an infant to learn to sip rather than suck as they do when drinking milk from a nipple or teat.

Finger foods offer the opportunity for infants to;

- touch and play with food
- learn to recognise foods visually and to associate them with their smell and taste
- develop their self-feeding skills
- improve/practice oromotor skills including chewing and tongue movements

Some infants will show a preference for self-feeding finger foods while others will prefer spoon feeding but it is best that they have the opportunity to learn and acquire both skills.

Including infants in family meals allows them to learn by copying those eating around them.



Stop feeding when your baby shows you he or she has had enough

by keeping his mouth closed or turning away from food or milk

Feeding responsively is vital to allow infants to move from a milk based diet to food based diet with less milk as food provides more energy and nutrients in a smaller volume.

Once an infant is able to manage food well, food should be offered before milk feeds and the volume of milk consumed at each feed or the number of feeds each day will gradually decrease.

Infants who develop their feeding skills more slowly will remain more milk dependent for longer.

From six months onwards 500-600mLs of breast milk or formula milk is considered adequate although some will continue to drink more than this for some time.

By 11-12 months it is best to discontinue bottles and use lidded beakers without a valve for expressed breast milk or formula milk drinks. Some toddlers stubbornly insist on continuing to drink milk from a bottle. If bottles are continued into the toddler years they can be used as a comfort, and can impact on teeth and speech development.

Infants can signal to parents that they no longer want food or milk. They do this when tired from practicing a new skill and/or when their hunger and thirst is satisfied.

Overriding these signals and forcing infants to take more food or milk than they need can cause excess weight gain, increasing the risk of childhood obesity. It also makes the mealtimes a negative experience for the infant and carer.

Signalling satiety – how infants show that they have had enough:

Milk-fed infants	Complementary-fed infants	Older infants
Stopping sucking	Turning their head away from the spoon	Throwing food
Spitting out the nipple or teat and/or turning their head away	Keeping their mouth shut	Signalling ‘no’ in response to unwanted food given to them
Slowing down their feeding pace	Blocking their mouth with their hand or pushing away the spoon or food	Vomiting
	Holding food in their mouth	
	Crying	

Introduce allergenic foods one at a time, from four to six months

dairy foods (cow's milk, yogurt, cheese), egg, nut butters, fish, wheat-based foods and foods with soya or sesame

UK guidance for the general population is that potentially allergenic foods such as peanuts, hen's egg, gluten, cow's milk (and other dairy products), soya, sesame (tahini) and fish can be introduced from around six months of age and need not be differentiated from other solid foods. In fact, the latest research indicates including these foods regularly as part of the weaning diet may reduce the risk of food allergies developing.

Research has also shown that infants that are at a higher risk of developing a food allergy may benefit from the introduction of foods containing egg and peanut from four months alongside other complementary foods. This includes infants:

- who develop eczema early in infancy (in particular, babies with more severe eczema)
- or those who already have an existing food allergy

In infants who are at a higher risk of developing food allergies, the foods most likely to cause an allergic reaction need to be introduced one at a time so that it is easy to identify if a certain food has caused a reaction. These foods are dairy products (such as cow's milk, cheese, yogurt), eggs, nuts, fish, sesame seed (tahini), wheat based bread and pasta and foods with soya.

One allergenic food can be given every day for about three days. For example when introducing dairy products such as cow's milk, cheese and yogurt, if there are no reactions, then another allergenic food can be introduced. Parents should not continue to feed their baby something they are reacting to and should seek medical advice.

Move onto thick mash with soft lumps between six and eight months

and onto minced and chopped family foods and firm finger foods between nine and 12 months

It is important to keep moving through the more complex food textures during the second half of infancy so that infants are eating minced and chopped family foods and self-feeding firmer finger foods by 12 months of age.

As a guide parents and carers should aim to:

- have introduced thick mashed textures with lumps and soft finger foods any time from beginning complementary feeding but by about eight months
- move onto minced and chopped foods and firm finger foods by 12 months. Firm finger foods include raw apple, raw carrot, crackers and bread sticks

Some infants are more sensitive to textures and need more practice to accept them. Infants who spit out lumps can continue to be offered lumpy food and soft finger foods so that they learn to manage lumps in their mouth rather than reverting back to only smooth foods.

Some infants and children have an inherited tendency to avoid particular textures.

Quiz

- Now test your understanding of the Ten Steps for Feeding Babies and take the quiz!
- Enter your contact details to be sent a certificate if you pass!

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