

FEEDING BABY

THE NEW GUIDE 12 INTRODUCING SOLIDS

SIGNS OF READINESS



GROSS MOTOR

Able to sit up without support, and maintain great head control when sitting



REFLEXES

Loss of the tongue-thrust reflex so they don't automatically push food out of their mouth



INTEREST

Follows foods with their eyes and shows eagerness and interest



COORDINATION

Opens mouth wide when you offer food on a spoon

FUN FACT: Babies have more taste buds than adults & even plain food is a taste explosion!

STARTING SOLIDS + EARLY ALLERGEN INTRODUCTION

START AT 4-6 MONTHS

The American Academy of Pediatrics (AAP) recommends babies starting solids **between**4 and 6 months of age.¹

DON'T DELAY, INTRODUCE TODAY

Research now shows that feeding potential allergens early and often can help babies grow up accustomed to food as food.²⁻⁸

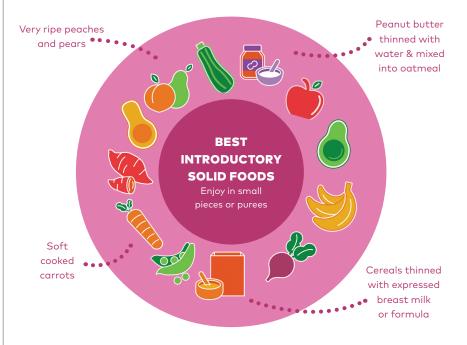
DIET DIVERSITY MATTERS

Introduce common allergens (e.g., egg, peanut, fish, sesame) when you **introduce fruits** and vegetables.⁷

ASK YOUR DOC

If your child has severe eczema (atopic dermatitis/dry skin) talk with your pediatrician about introduction and timing.

WHAT FOODS TO FEED YOUR BABY



FOODS TO AVOID DURING INFANCY

HONEY

has a rare risk for causing botulism, a serious illness, if introduced in infancy

CHOKING HAZARDS

like whole nuts, popcorn, whole grapes, and thick/dense nut butters

JUICE

unless recommended by a pediatrician



- X Go very slowly when starting solids
- X Wait days in between introductions

HOW TO PACE FOOD INTRODUCTION

DIET DIVERSITY

- A diverse diet is important for their flavor preferences
- ✓ Diet diversity helps your baby grow up accustomed to foods as foods



OLD THINKING

EARLY & OFTEN

- ✓ Safe to start multiple foods at once
- ✓ Important to start diverse foods early and feed often (consistently in baby's diet)

Unfortunately, this thinking often leads to a delay in getting baby a diverse diet

THE NEW APPROACH TO FEEDING

BASED ON GLOBAL, LANDMARK RESEARCH



1. EARLY INTRODUCTION 2-8

Begin early introduction of commonly allergenic foods around 4-6 months of age (ideally with continued breastfeeding)



2. DIET DIVERSITY 3,5-8

Based on excellent safety data, experts advocate diversifying babies' diets to include the most commonly allergenic foods.

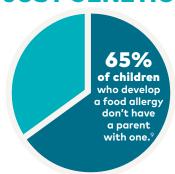


3. ROUTINE FEEDING 2-4,8

Consistency is key, feed commonly allergenic foods multiple times per week through infancy and early childhood.

FOOD ALLERGY STATS & FACTS

FOOD ALLERGIES ARE NO JUST GENETIC



INCREASING **FOOD ALLERGY RATES**

1 in 13 children in the US have a food alleray 10

HIGH-RISK FACTORS

Babies with eczema are **600% MORE LIKELY**

to develop a food allergy.¹¹

PROTECT LESS THAN 7% OF CHILDREN BEYOND 27% & ADULTS WITH FOOD ALLERGIES are only allergic to peanuts. 12,13

1. Greer FR, Sicherer SH, Burks AW, COMMITTEE ON NUTRITION, SECTION ON ALLERGY AND IMMUNOLOGY. The effects of early nutritional interventions on the development of atopic disease in infants and children: the role of maternal dietary restriction, breastfeeding, hydrolyzed formulas, and timing of introduction of allergenic complementary foods. Pediatrics. 2019;143(4). doi:10.1542/ peds. 2019-0281 2. Du Toit G, et al; LEAP Study Team. Randomized trial of peanut consumption in infants at risk for peanut allergy. N Engl J Med. 2015;372(9):803-813. 3. Perkin M, et al; EAT Study Team. Randomized trial of introduction of allergenic foods in breast-fed infants. N Engl J Med. 2016;374(18):1733-1743. 4. Natsume O, et al; PETIT Study Team. Lancet. 2017;389(10066):276-286. 5. Roduit C, et al; PASTURE Study Group. J Allergy Clin Immunol. 2014;133(4):1056-1064. 6. Tran MM, et al; CHILD Study Investigators. Timing of food introduction and development of food sensitization in a prospective birth cohort. Pediat Allergy Immunol. 2017;28(5):471-477. 7. Nwaru Bl, et al. Food diversity in infancy and the risk of childhood asthma and allergies. J Allergy Clin Immunol. 2014;133(4):1084-1091. 8. lerodiakonou D, et al. Timing of allergenic food introduction to the infant diet and risk of allergic or autoimmune disease. JAMA. 2016;316(11):1181-1192. 9. Gupta RS, Singh AM, Walkner M, et al. Hygiene factors associated with childhood food allergy and asthma. Allergy Asthma Proc. 2016;37(6):e140-e146. doi:10.2500/aap.2016.37.3988 10. FARE. Food Allergy Facts and Statistics for the U.S. https:// www.foodallergy.org/sites/default/files/migrated-files/file/facts-stats.pdf. Accessed November 14, 2018. 11. Martin PE, Eckert JK, Koplin JJ, et al. Which infants with eczema are at risk of food allergy? Results from a population-based cohort. Clin Exp Alleray, 2015;45(1):255-264, doi:10.1111/cea.12406 12, Gupta RS, Warren CM, Smith BM, et al. The Public Health Impact of Parent-Reported Childhood Food Allergies in the United States. Pediatrics. 2018;142(6). doi:10.1542/peds.2018-1235 13. Gupta RS, et al. Prevalence and severity of food allergens among US adults. JAMA Network Open. 2019;2(1):e185630. For more information visit: SpoonfulONE.com/USDAGuidelines