

Give spoonful of solid sense

By [Nicqui Grant](#)

19 Jul 2012

When talking about the introduction of solid foods to babies, I have purposely avoided using the word weaning, as this implies complete displacement of milk.

It is important to understand that milk remains the primary source of nutrition for an infant up until the age of a year. Introducing solids becomes exactly that: a "how do you do baby, I am butternut, this is how I taste, smell and feel".

The quantities to give to infants at this age are really so small, that there are insufficient calories to sustain them for any substantial length of time.

The World Health Organisation guideline has been that an infant should be exclusively breastfed until the age of six months, and then solid foods should be introduced. Emerging evidence now supports that this may in fact be a little too late; other bodies, based on research evidence, have recommended that the introduction of complementary foods takes place between four to six months.

Prior to four months, the infant's gut is very permeable, and runs the risk of absorption of larger particles which could lead to the development of food allergies.

More recent evidence shows that delaying introduction of solids could also potentiate the development of food allergies. There seems to be a window of opportunity between four and six months in which complementary foods can be fed, and possibly reduce the risk of food allergies.

So when do you decide to introduce baby to semi-solid foods? Developmental readiness is one of a few important factors that influence whether to introduce foods earlier or later. These include a refined, mature sucking reflex; munching movements; and good head control.

It is usually advised to introduce a hypoallergenic cereal such as rice cereal first. Remember that the only thing that has passed baby's lips up until now has been milk, so the new texture and flavour to baby is novel.

As for the mess on your floor, the novelty of which will wear off, I suggest you place baby's feeding chair on a floor that is easily wiped clean, or even lay newspaper down to assist with the containment of the mess.

Literature has shown that it takes five to nine exposures to a new food before baby accepts it, and potentially nine to 15 before they like it. So, here begins another lesson in patience.

Bear in mind that the flavour of breast milk is subtly tainted by the flavours of the food the mother is consuming. The more varied the diet consumed by the breastfeeding mom, the more "familiar" or acceptable the new foods are likely to be to baby.

Mix a few teaspoons of cereal with a little expressed breast milk, or some of the formula from baby's bottle, to make a thin paste. As baby gets used to and accepting of this new food, it can be given at a thicker consistency.

In order to support proper developmental progress, it is important to feed baby cereal with a spoon, and not to put cereal into the baby's bottle. Infants are remarkably good at self-regulating their daily energy requirements, so when foods that are calorie dense are fed to them, they will be less inclined to finish milk feeds, or will feed less on milk.

If however, the calorie density of the complementary foods is too low, they run the risk of poor growth and malnutrition, including micronutrient deficiency.

Iron stores in an infant begin to run out at about six months. Until then, the low level of iron found in breast milk is able to sustain baby's needs. It is through the introduction of complimentary foods that baby's iron stores are boosted. The bioavailability of iron, that is how much of the ingested iron is actually absorbed, is of utmost importance.

The best absorbed source of iron is that found in breast milk (up to 70%); the iron found in animal products is better absorbed (up to 20%) than those found in plant foods (1%-6% absorbed). The iron found in vegetable-origin foods is better absorbed when consumed in the presence of meat, fish, fructose and vitamin C.

It is for this very reason that you need to work through the complimentary foods quite rapidly. The same can be said for zinc, an important micronutrient for prevention of illness from infectious diseases.

Current literature says that the sequence in which the next foods are offered is inconsequential. My professional, as well as personal, experience is that it is far better to introduce vegetables before fruits, since fruits are naturally much sweeter and a sweet flavour is a more instinctive and favoured. So trying to get baby to eat the less sweet foods becomes difficult.

The most important factor is that new foods should be introduced in their purest form, in other words, an apple and not apple pie. Foods are also introduced one at a time to ascertain food sensitivity. Progression through the various food types should be fairly rapid. And so too should the progression through textures, to reduce fussiness and tactile defensive issues. Initially the volume will be very small and progressively become more.

The interval between introductions of each new food should be about three to seven days. Begin by mashing foods, and gradually move to rougher and chunkier textures. Remember that complementary feeding does not change the breast-feeding frequency.

Another extremely important factor regarding the introducing of complementary foods is that it must be hygienically prepared and stored, in order to reduce the risk of infections such as diarrhoea and dysentery.

On this page is a basic table outlining what you should aim to feed and when. In terms of quantities, it is important to be guided by baby, and be mindful of the fact that baby's stomach is a just little bigger than their fist.

Should you need personalised advice, I recommend that you contact a registered dietician who will be able to assist you.

Source: Business Day via I-Net Bridge

ABOUT THE AUTHOR

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