

## Food For Thought

I'm convinced that in medicine and parenting there is an inverse relationship between how much is actually known about a topic and how much is written about it. As a pediatrician, I thought I'd be fairly well prepared to raise my baby. However when Claire hit the six-month mark feeding puzzled me. Although I had received plenty of unsolicited advice from my mother-in-law and grandmother about introducing food, I was still unsure about how exactly to start. Sure I'd counseled parents before, but doing it myself was different. So, like any dedicated parent, I trekked to Barnes and Noble to do some research. I was quite taken aback by the number of books available in the parenting section. There was Super Baby Food that preached the importance of making your own baby food and Baby Led Weaning that recommended skipping purees and letting your baby lick and gum solids from 6 months on. After reading several books (and the back cover of several more) I decided to go back to nutritional basics and take a common sense approach to feeding.

The American Academy of Pediatrics currently recommends exclusive breast-feeding until six months. After six months, breast milk or formula continues to supply virtually all nutritional requirements for your infant. The saying goes—"Before One Just For Fun." While this may apply for nutrition (iron needs being the only exception), this is not true in terms of infant development. Infants need to learn to eat – that is, use the muscles in their mouths and tolerate variety.

Single grains cereals and purees are a logical place to start at 6 months. Some parents start these solids earlier – anywhere from 4-6 months – but solids really shouldn't be given much sooner as babies intestinal enzymes are immature. Also, before starting solids, babies should be able to sit supported and seem interested in foods.

When first introducing foods, consistency is most important. Although cereals and other purees are an easy tool to begin increasing consistency, nothing is magical about their nutritional value. In some countries and cultures, increasing consistencies of meat are the initial choice—which makes sense for satisfying iron needs. Regardless of choice, initial foods should be very thin (almost liquid). If babies are unable to transfer a bolus of food to the back of their mouth, they may gag, and then develop an aversion.

After initial foods, introducing variety begins. This is the fun part. But, for some reason, this is the part that leads to so much confusion and anxiety. In the olden days, grandma would get out her blender or grinder with her eager baby looking on. Virtually the whole cupboard was open. In the late 90's, however, parents were advised to delay the introduction of allergenic foods—including nuts, eggs, wheat, shellfish, and even strawberries. In 2008 the American Academy of Pediatrics revised their recommendations on introducing foods because the

incidence of food allergy continued to increase despite delayed introduction of solids. The pendulum has swung back to Grandma!! – Currently, there is no evidence to support delayed introduction of foods like wheat, soy and egg. Choking hazards aside, anything is fair game! The only “off limit” food before one is honey (due to the risk of botulism). We also recommend waiting until one to introduce milk because replacing formula with cows milk too early can lead to anemia and other deficiencies. Yogurt, cheese, and dairy in other foods are all fine to incorporate in your baby’s diet, but formula or breast milk needs to be continued until after the first birthday. Parents that choose to make their baby purees should also steer clear of root vegetables like beets and carrots until after six months. This is because of high nitrate levels, at 6 months babies’ stomach acid is more developed and the risk is minimal.

One final grey area is organic foods – there aren’t any evidence-based recommendations about organic baby food. Nutritionists recommend buying organic when dealing with “the dirty dozen” (apples, celery, bell peppers, peaches, strawberries, imported nectarines, grapes, spinach, lettuce, cucumbers, domestic blueberries, and potatoes) if possible, as they have the highest levels of pesticide contamination. It makes sense to buy organic when you can, but there’s no need to drive yourself crazy because the jury is still out!

Like learning to walk and talk, learning to eat is a huge milestone in the first year of life. Remember to start thin and get thicker and enjoy introducing your little gourmand to a variety of healthy foods.

Bon Appetite!

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References:

**Effects of Early Nutritional Interventions on the Development of Atopic Disease in Infants and Children: The Role of Maternal Dietary Restriction, Breastfeeding, Timing of Introduction of Complementary Foods, and Hydrolyzed Formulas.** Frank R. Greer, Scott H. Sicherer, A. Wesley Burks, et al. *Pediatrics*. January 2008; 121:1 183-191; doi: 10.1542/peds.2007-302