DIET & WEIGHT

Starting Solids Without Turning Mealtimes Into a Test

A calm, evidence-based route from readiness signs to safer textures, allergens and a manageable first plate.

Step 1: Look at your baby, not the calendar

The spoon is ready. The camera is ready. Your baby, however, may be staring past the carefully mashed food as if lunch were none of their concern. Starting solids is not a performance with a fixed opening night; it is a change your baby needs to be developmentally ready to make.

That point usually arrives at about 6 months. Introducing food before 4 months is not recommended, but age alone does not give you the full answer. Your health care provider can help you choose the right time for your baby, particularly if feeding or growth has already been difficult.

Look for a cluster of abilities. Your baby can sit alone or with support and control their head and neck. They open their mouth when food is offered, bring objects towards their mouth and try to grasp small things. Crucially, they can move food backwards with their tongue and swallow it rather than immediately pushing it onto their chin.

You do not need to wait for a perfect, mess-free eater. Coughing, gagging or spitting up may happen while a baby adjusts to unfamiliar textures. What matters at the beginning is readiness, close supervision and food prepared for the abilities your baby has now-not the abilities you hope will appear by dinner.

Step 2: Make the first food easy to manage

There is no required procession from one approved first food to the next. Most children do not need foods introduced in a particular order. Vegetables, fruit, meat or other proteins, dairy foods without added sugars, whole grains and fortified infant cereals can all become part of the expanding menu.

At first, smooth mashed, puréed or strained food may be easier to manage. Infant cereal or cooked grains can be mixed with breast milk, formula or water until smooth. Vegetables, fruit and other foods can be cooked until soft enough to mash with a fork. As your baby's eating

ability develops, textures can become thicker and lumpier.

If you use infant cereal, variety matters. Guidance recommends fortified oat, barley and multigrain cereals rather than relying only on rice cereal, because feeding only infant rice cereal can increase arsenic exposure. This is not a demand for a complicated menu. It is simply a reason not to let one convenient food become the entire plan.

Baby-led weaning is not clearly safer or more dangerous than spoon-feeding. A 2024 systematic review found no statistically significant difference in choking risk between baby-led approaches and traditional spoon-feeding. But only seven studies qualified for inclusion, and recall bias may have affected all of them. The harder truth is that the method's reassuring label cannot make an unsuitable piece of food safe.

An earlier systematic review found the overall evidence for baby-led weaning was low quality, with unresolved questions including iron and energy adequacy. That does not prove the approach is harmful. It means the research cannot support sweeping promises about it. Spoon-feeding, self-feeding or a mixture can all sit at the table; texture, preparation and supervision do the serious work.

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Step 3: Introduce variety without losing the plot

Offer one single-ingredient food at a time at first. This makes it easier to connect a possible reaction with a particular food rather than trying to investigate a bowl containing several new ingredients. Possible allergic reactions include a rash, diarrhoea or vomiting. If these occur, the experiment has stopped being a lifestyle question; contact your baby's health care provider.

Potential allergens do not need to occupy a separate, mysterious phase. Eggs, shellfish, nut butters and wheat can be introduced as other foods are introduced. Most babies can have peanut products at about 6 months, but whole nuts are a choking hazard and should not be given before age 3.

The exception needs attention before peanut food reaches the plate. Babies with severe eczema or an egg allergy are at high risk of peanut allergy. Ask your baby's doctor or nurse when and how to introduce peanut products; allergy testing may be needed. Babies with mild to moderate eczema also have a higher risk, so raise any concerns with their provider.

Some exclusions are firmer. Do not give honey before age 1 because it may contain bacteria that cause infant botulism. Drinking cow's milk or fortified dairy alternatives is not recommended before 12 months, although dairy foods such as yogurt without added sugars can be introduced earlier. Babies also should not drink juice before age 1 because it contains a

lot of sugar.

Do not alter your baby's diet to treat reflux on your own. A doctor may advise avoiding overfeeding, changing feeding patterns, thickening feeds or removing cow's-milk protein, depending on the baby's age and symptoms. Poor weight gain also needs medical guidance. This is not the moment to improvise with cereal or remove a major food because somebody in a parenting group suggested it.

Step 4: Build one safer plate with a fork

Choking risk is shaped less by the fashionable name of a feeding approach than by food texture and the caregiver's understanding of how to reduce danger. Always watch your baby while they eat. Offer small portions, encourage slow eating and prepare food that suits their current development. Familiarity with textures may matter too, although the research remains limited.

Avoid hard candy, popcorn, whole nuts and uncut grapes before age 3. Cook hard fruit and vegetables, including apples and carrots, until they mash easily. Remove bones, skin and fat from fish, poultry and meat, as well as fruit seeds and hard pits. Round pieces can lodge in the airway, so spherical foods such as grapes, cherries, berries and tomatoes need cutting into small pieces.

The same principle applies to cylindrical foods. Hot dogs, sausages and string cheese should be cut into short, thin strips rather than round slices. Soft food can be cut into small pieces or thin slices. Whole-grain kernels should be cooked and finely ground or mashed. None of this is glamorous, but glamour has never been the safety feature on a plate.

On your next suitable mealtime, take one soft, single-ingredient food and a fork. Cook it until it gives easily, then mash it smooth enough for the eating skills your baby has today. Sit close, watch throughout and let the meal be small and uneventful. Starting solids takes readiness, supervision and one ordinary fork-not a perfect menu.

Where this comes from

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- Nutritional Support

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- Infant and Toddler Nutrition

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