Unit 1.1 Support healthy lifestyles for children through the provision of food and nutrition

This unit provides the learner with the knowledge, understanding and skills to support healthy lifestyles for children.

Learning outcomes

By the end of this unit you will:
1. Understand the impact of food and nutrition on children’s health and development.
2. Understand how food choices impact on health and development during pre-pregnancy, pregnancy and breastfeeding.
3. Understand the nutritional needs of children.
4. Understand the impact of poor diet on children’s health and development.
5. Understand individuals’ dietary requirements and preferences.
6. Be able to support healthy eating in your own setting.

The principles of healthy eating

A healthy diet consists of a wide variety of foods to help the body to grow and to provide energy. It must include enough of these nutrients (proteins, fats, carbohydrates, vitamins, minerals and fibre) as well as water to fuel and maintain the body’s vital functions.

Good nutrition, or healthy eating, is important for children under five to:

- ensure that they get the right amount of energy (calories) and nutrients needed when they are growing rapidly
- ensure that they do not consume too much energy (calories), which may lead to children becoming overweight or obese
- encourage them to eat a wide variety of foods and develop good dietary habits to take with them into later childhood and adulthood.

What does a healthy diet for very young children look like?

- Plenty of choice and balance
- Lots of fruit and vegetables
- Lots of starchy foods, bread, rice, potatoes, pasta
- Contains calcium and iron-rich foods – milk and dairy, and other sources of protein, such as meat, fish, eggs, beans
- Regular healthy meals and snacks
- Low in salt and in added sugar.

Activity

Check that you know which nutrients are needed for a healthy diet, and explain what is meant by healthy eating.

In a group, discuss what you think is meant by healthy eating. What are the main features of a healthy diet?
AC 1.2 Evaluate national and local initiatives which promote healthy eating

The Eat Better, Start Better programme

This programme is run by The Children’s Food Trust and aims to help early years providers meet children’s nutritional needs more consistently, and to help families with young children to develop the cooking skills and confidence they need to cook and eat more healthily. Their practical guide includes the government-backed Voluntary Food and Drink Guidelines for Early Years Settings in England, as well as advice on encouraging children to eat well, including managing fussy eating and special dietary requirements.

The Schools Fruit and Vegetable Scheme (SFV)

It is recommended that children – like adults – eat at least five portions of fruit and vegetables every day. Children aged between four and six who attend a fully state-funded infant, primary or special school are entitled to receive a free piece of fruit or vegetable each school day.

Feeding Young Imaginations

The Pre-School Learning Alliance’s campaign, Feeding Young Imaginations, supports parents and early years groups by providing information to promote a balanced diet for under-fives.

Figure 1.1.1 ‘Just eat more’ portion poster for the NHS 5 A DAY programme

1 medium apple
2 broccoli florets
2 halves of canned peaches
1 handful of grapes
1 medium banana
3 heaped tablespoons of peas
orange juice
7 strawberries
3 whole dried apricots
Just Eat More (fruit & veg)
3 heaped tablespoons of cooked kidney beans
16 okra

1 medium glass of orange juice
16 okra
Theme 1: Health and well-being

The Children’s Food Campaign
Sustain (the alliance for better food and farming) launched the Children’s Food Campaign to improve young people’s health and wellbeing through:

- good food and real food education in every school
- protecting children from junk food marketing
- clear food labelling that everyone, including children, can understand.

Cool Milk
Cool Milk works in partnership with local authorities and early years groups to supply free and subsidised school milk to children in pre-schools, nurseries and primary schools. Cool Milk aims to make the provision of milk easier for schools, nurseries, local authorities and parents, while promoting the important health benefits and learning opportunities that school milk offers.

Change4life
The School Food Trust supports the NHS Change4life programme by ensuring that as many children as possible are eating healthy school food. All school lunches must now meet nutrient-based standards to ensure that they provide children with the fuel they need to lead a healthy, active lifestyle. Change4life also provides guidance and resources on the following:

- healthier breakfast clubs
- healthier tuck shops
- water provision
- healthier vending machines
- healthier lunchboxes
- dining room environment
- healthier cookery clubs.

The Nursery Milk Scheme
The Nursery Milk Scheme enables:

- children under five to receive free of charge 189 ml (one-third of a pint) of milk for every day they attend approved day care facilities for two hours or more.
- babies aged under 12 months may instead receive dried baby milk made up to 189ml (one-third of a pint).

Day care providers who have been approved to supply milk under the scheme can be reimbursed for the cost of the milk they supply.

Eat Smart, Play Smart
Eat Smart, Play Smart is a Food Standards Agency teaching resource developed for primary school teachers throughout the UK to use with children aged five to seven years. Eat Smart, Play Smart materials have been developed to:

- help children to understand the need for healthy diets and to choose appropriately from different food groups for their meals
- encourage children to be more active in their home and school lives and to understand the benefits of being active in fun, energetic and easy-to-follow ways.

Activity
Find out about and evaluate local initiatives to promote healthy eating in your area. See, for example, the information for Change4life in the Useful Resources section on p 27.

AC 1.3 Describe food and drink requirements in relation to current frameworks

The statutory framework for the Early Years Foundation Stage (EYFS) states the following:

- Where early years settings give children meals, snacks and drinks, these must be healthy balanced and nutritious.
- Before a child is admitted to the setting, the provider must also obtain information about any special dietary requirements, preferences and food allergies that the child has, and any special health requirements.
● Fresh drinking water must be available and accessible at all times.
● Providers must record and act on information from parents and carers about a child’s dietary needs.
● There must be an area which is adequately equipped to provide healthy meals, snacks and drinks for children as necessary.
● There must be suitable facilities for the hygienic preparation of food for children, if necessary including suitable sterilisation equipment for babies’ food.
● Providers must be confident that those responsible for preparing and handling food are competent to do so. In group provision, all staff involved in preparing and handling food must receive training in food hygiene.

Food requirements vary according to age, gender, size, occupation or lifestyle, and climate. Different foods contain different amounts of energy per unit of weight; foods that contain a lot of fat and sugar have high energy values.

Food energy is traditionally measured in calories (kcal) or kilojoules (kJ).

\[
1 \text{ kcal} = 4.2 \text{ kJ} \\
1000 \text{ kJ} = 1 \text{ MJ (mega joule)} = 239 \text{ kcal}
\]

An excess of calories will result in weight gain, as the surplus ‘energy’ is stored as fat; an insufficient intake of calories will result in weight loss, as the body has to draw on fat reserves to meet energy requirements. Babies and young children have relatively high energy requirements in relation to their size.

➔ The food and drink requirements for young children are discussed in LO.3 on pp 13–16.

Activity

Read through the statutory framework requirements for food and eating. Does your setting comply with all the requirements? For example, is fresh drinking water available and accessible at all times?

LO2 Understand how food choices impact on health and development during pre-pregnancy, pregnancy and breastfeeding

AC 2.1 Explain the impact on health and development of food choices during pre-pregnancy, pregnancy and breastfeeding

Pre-conceptual diet

Following a healthy balanced diet before a woman becomes pregnant will allow her to build up reserves of the nutrients vital to the unborn baby in the first three months. Guidelines for a healthy pre-conceptual diet include:

● **Eat something from the four main food groups** every day (potato and cereals, fruit and vegetables, milk and milk products and high protein foods).

● **Cut down on sugary foods** and eat fresh foods where possible.

● **Avoid pre-packed foods** and any foods which carry the risk of *salmonella* or *listeria* – such as soft or blue-veined cheeses, pate, liver and raw meat.

● **Do not go on a slimming diet**: follow your appetite and do not eat more than you need.

● **Vegetarian diets** which include milk, fish, cheese and eggs provide the vital protein the baby needs.

● **Vegans** should eat soya products and nuts and pulses to supply protein, and vitamin B12 may need to be taken as a supplement.

● **Folic acid tablets and a diet rich in folic acid** taken both pre-conceptually and in pregnancy help the development of the brain and spinal cord, and also help to prevent defects such as *spina bifida*. Sources of folic acid include broccoli, nuts and whole grain cereals.
**Key term**

**spina bifida** This occurs when the spinal canal in the vertebral columns is not closed (although it may be covered with skin). Individuals with spina bifida can have a wide range of physical disabilities. In the more severe forms the spinal cord bulges out of the back, the legs and bladder may be paralysed, and obstruction to the fluid surrounding the brain causes hydrocephalus.

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**Diet during pregnancy**

Every pregnant woman hears about ‘eating for two’ but the best information available today suggests that this is not good advice. Research shows that the quality (not quantity) of a baby’s nutrition before birth lays the foundation for good health in later life. Therefore, during pregnancy, women should eat a well-balanced diet. See the guidelines in the box below.

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**Guidelines for a healthy diet in pregnancy**

- Lean meat, fish, eggs, cheese, beans and lentils are all good sources of nutrients. Eat some every day.
- Starchy foods like bread, potatoes, rice, pasta and breakfast cereals should – with vegetables – form the main part of any meal.
- Dairy products, like milk, cheese and yoghurt, are important as they contain calcium and other nutrients needed for the baby’s development.
- Citrus fruit, tomatoes, broccoli, blackcurrants and potatoes are good sources of vitamin C, which is needed to help the absorption of iron from non-meat sources.
- Cut down on sugar and sugary foods like sweets, biscuits and cakes, and sugary drinks like cola.
- Eat plenty of fruit and vegetables that provide vitamins, minerals, and fibre. Eat them lightly cooked or raw.
- Green, leafy vegetables, lean meat, dried fruit and nuts contain iron, which is important for preventing anaemia.
- Dairy products, fish with edible bones like sardines, bread, nuts and green vegetables are rich in calcium, which is vital for making bones and teeth.
- Margarine or oily fish (e.g. tinned sardines) contain vitamin D to keep bones healthy.
- Include plenty of fibre in the daily diet; this will prevent constipation, and help to keep the calorie intake down.
- Cut down on fat and fatty foods. Reducing fat has the effect of reducing energy intake; it is important that these calories are replaced in the form of carbohydrate. Fat should not be avoided completely, however, as certain types are essential for body functioning, as well as containing fat-soluble vitamins.
- Folic acid is a B vitamin, which is very important throughout pregnancy, but especially in the first 12 weeks when the baby’s systems are being formed. (Most doctors recommend that pregnant women take a folic acid supplement every day, as more folic acid is required than is available from a normal diet.)
- Department of Health advice is to eat according to appetite, with only a small increase in energy intake for the last three months of the pregnancy (200 kcal a day).

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**Foods to avoid during pregnancy**

During pregnancy, women should avoid certain foods. Sometimes this is because they cause problems such as food poisoning. At other times, certain foods contain harmful bacteria and toxins which can cause serious problems for the unborn baby.

**Nutrition for mothers who breastfeed their baby**

If the mother is going to breastfeed her baby, she should follow the principles for the healthy diet in pregnancy. Both calcium and energy requirements increase dramatically when the woman is lactating, and most women find that breastfeeding is also one...
### Foods to avoid

<table>
<thead>
<tr>
<th>Foods to avoid</th>
<th>Reasons</th>
</tr>
</thead>
</table>
| Soft and blue-veined cheese, such as Camembert, Brie, stilton and chèvre, goat's cheese | **Listeria**  
High levels of the listeria bacteria are occasionally found in prepared foods. Some ready-prepared meals are not always heated at a high enough temperature to destroy the bacteria.  
**Listeriosis** (infection with listeria bacteria) can cause problems for the unborn child, such as:  
- miscarriage  
- stillbirth  
- meningitis  
- pneumonia. |
| Pâté (any type, including liver pâté and vegetable pâté)                     | Listeria  
High levels of the listeria bacteria are occasionally found in prepared foods. Some ready-prepared meals are not always heated at a high enough temperature to destroy the bacteria.  
**Listeriosis** (infection with listeria bacteria) can cause problems for the unborn child, such as:  
- miscarriage  
- stillbirth  
- meningitis  
- pneumonia. |
| Prepared salads (such as potato salad and coleslaw)                          | Salmonella  
Salmonella is found in unpasteurised milk, raw eggs and raw egg products, raw poultry and raw meat. Eggs should only be eaten if they are cooked until both the white and the yolk are solid. Salmonella food poisoning could cause:  
- miscarriage  
- premature birth. |
| Ready-prepared meals or reheated food, unless they are piping hot all the way through | **High levels of mercury**  
High levels of mercury can harm a baby's developing nervous system. Women should eat no more than two tuna steaks a week (or four cans of tinned tuna). High levels of mercury can cross the placenta and may cause delayed development. |
| Raw or partially cooked eggs, such as home-made mayonnaise, and some mousses and sauces | **Toxoplasmosis**  
Toxoplasmosis is an infection caused by a parasite found in cat faeces. It can also be present in raw or undercooked meat, and in soil left on unwashed fruit and vegetables. Although rare, the infection can occasionally be passed to the unborn baby, which can cause serious problems, such as:  
- miscarriage  
- stillbirth  
- eye damage  
- hydrocephalus. |
| Unpasteurised milk (both goat's and cow's milks)                              | **Peanut allergy**  
Avoiding foods like peanuts – and foods that contain peanuts – may reduce the baby's chances of developing a potentially serious peanut allergy. This is especially true if there is a history of allergies, such as hay fever or asthma, in the family. |
| Some types of fish, such as shark, swordfish and marlin, must be avoided altogether |  |
| Unwashed raw fruit and vegetables                                              |  |
| Raw or undercooked meat                                                        |  |
| Unpasteurised goat’s milk or goat’s cheese                                    |  |
| Liver and liver products (e.g. liver pâté)                                    | **Too much vitamin A**  
Women should avoid eating liver and liver products such as pâté and avoid taking supplements containing vitamin A or fish liver oils (which contain high levels of vitamin A). If high levels of vitamin A build up in the body it can cause serious problems, including birth defects. |
| Peanuts and foods that contain peanuts                                         |  |

Table 1.1.1 Foods to avoid during pregnancy
of the most effective ways of regaining their pre-pregnancy weight. The mother should have at least ½ litre of milk and a pot of yoghurt or some cheese each day to satisfy her body’s need for extra calcium, and should try to drink 1½ to 2 litres of water a day. The Food Standards Agency recommends that breastfeeding mothers take supplements containing 10 micrograms (mcg) of vitamin D each day.

**Activity**

1. Why is it important to eat a healthy diet before conceiving a baby?
2. Why is folic acid an important part of the diet during pregnancy?
3. List five foods that should be avoided during pregnancy – and explain the reasons why.

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**Table 1.1.2 Summary of the four food groups and the nutrients they provide**

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Examples of food included</th>
<th>Main nutrients provided</th>
<th>Recommended servings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starchy foods</td>
<td>Bread, potatoes, sweet potatoes, starchy root vegetables, pasta, noodles, rice and other grains, breakfast cereals</td>
<td>Carbohydrate, fibre, B vitamins and iron</td>
<td>Four portions each day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide a portion as part of each meal (breakfast, lunch and tea) and provide as part of at least one snack each day</td>
</tr>
<tr>
<td>Fruit and vegetables</td>
<td>Fresh, frozen, canned, dried and juiced fruit and vegetables, and pulses</td>
<td>Carotenes (a form of vitamin A), vitamin C, zinc, iron, and fibre</td>
<td>Five portions each day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide a portion as part of each main meal (breakfast, lunch and tea) with some snacks</td>
</tr>
<tr>
<td>Meat, fish, eggs, beans and non-dairy sources of protein</td>
<td>Meat, poultry, fish, shellfish, eggs, meat alternatives, pulses, nuts*</td>
<td>Protein, iron, zinc, omega 3 fatty acids, vitamins A and D</td>
<td>Two portions each day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide a portion as part of lunch and tea (Two to three portions for vegetarian children)</td>
</tr>
<tr>
<td>Milk and dairy foods</td>
<td>Milk, cheese, yoghurt, fromage frais, custard, puddings made from milk</td>
<td>Protein, calcium, and vitamin A</td>
<td>Three portions each day provided as part of meals, snacks and drinks</td>
</tr>
</tbody>
</table>

* Nuts: children under five should not be offered whole nuts as they may cause choking. Nut butters and ground or chopped nuts in recipes are fine. However it is important to check if a child has a nut allergy before offering nuts. See pp 21–22, for information on allergies.
A healthy diet for young children combines foods from each and all of the **four food groups** in Table 1.1.2.

**Foods that are high in fat and sugar** can be included every day in addition to, but not instead of, the other food groups. Once the child is two years old, you can gradually lower the amount of fat in their diet. Some foods will increase the levels of saturated or ‘bad’ fat in the diet. Cheap burgers, crisps, chips, biscuits, cakes and fried foods are all high in saturated fat. It can help to think of these sorts of foods as ‘extras’ once the child has eaten well from the four other main groups.

**Activity**

Explain the nutritional value of the main food groups. How does your setting ensure that all snacks and meals are healthy and nutritious? Have a look at your setting’s food policy.

**AC 3.2** Use current government guidance to identify the nutritional needs of babies until they are fully weaned

**The nutritional needs of babies**

The way in which babies are fed involves more than simply providing enough food to meet nutritional requirements; for the newborn baby, sucking milk is a great source of pleasure and is also rewarding and enjoyable for the mother. The **ideal** food for babies to start life with is breast milk, and **breastfeeding** should always be encouraged as the first choice in infant feeding; however, mothers should not be made to feel guilty or inadequate if they choose not to breastfeed their babies.

**Breastfeeding**

During pregnancy, the breasts produce **colostrum**, a creamy, yellowish fluid, low in fat and sugar,
which is uniquely designed to feed the newborn baby. Colostrum also has higher levels of antibodies than mature milk and plays an important part in protecting the baby from infection. Mature milk is present in the breasts from around the third day after birth. Hormonal changes in the mother’s bloodstream cause the milk to be produced, and the sucking of the baby stimulates a steady supply.

The advantages of breastfeeding

- Human breast milk provides food constituents in the correct balance for human growth. There is no trial and error to find the right formula to suit the baby.
- The milk is sterile and at the correct temperature; there is no need for bottles and sterilising equipment.
- Breast milk initially provides the infant with maternal antibodies and helps protect the child from infection – e.g. against illnesses such as diarrhoea, vomiting, chest, ear and urine infections, eczema and nappy rash.
- The child is less likely to become overweight, as overfeeding by concentrating the formula is not possible, and the infant has more freedom of choice as to how much milk he or she will suckle.
- Generally, breast milk is considered cheaper, despite the extra calorific requirement of the mother.
- Sometimes it is easier to promote mother-infant bonding by breastfeeding, although this is certainly not always the case.
- Some babies have an intolerance to the protein in cow’s milk (which is the basis of formula milk).

The health visitor and National Childbirth Trust can support mothers who are breast feeding, but it is important to remember that the decision to breast feed will depend on the choice of the mother and their individual circumstances.

Bottle-feeding

Commercially modified baby milks (formula milks) must be used for bottle-feeding. Any other type of milk, such as cow’s milk or goat’s milk, will not satisfy a baby’s nutritional needs, and should not be given to babies under one year of age. A young baby’s digestive system is unable to cope with the high protein and salt content of cow’s milk, and it is likely to cause an adverse reaction. Soya-based milks can be used if the baby develops an intolerance to modified cow’s milks (this happens very rarely). For the first four to six months, the baby will be given infant formula milk as a substitute for breast milk; he or she may then progress to follow-on milk, which may be offered until the age of one year.

Government guidelines state that as each baby will have his or her own individual requirements, it is best to let them feed on demand. Newborn babies may take quite small volumes of infant formula milk to start with, but by the end of the first week of life most babies will ask for approximately 150–200ml per kg per day (although this will vary from baby to baby) until they are six months old.

Figure 1.1.3 Bottle-feeding

Key term

colostrum Colostrum is the first ‘milk’ that the breasts produce, as a precursor to breast milk. It is rich in fats, protein and antibodies, which protect the baby against infection and kick-start the immune system. Colostrum is low in fat, and high in carbohydrates, protein and antibodies to help keep the newborn baby healthy.

Activity

Explain the nutritional needs of babies from birth to the end of the weaning process.
AC 3.3 Explain how to plan a weaning programme

The principles of weaning and its importance to the baby’s development

Weaning is the gradual introduction of solid food to the baby’s diet. The reasons for weaning are to:

- meet the baby’s nutritional needs – from about six months of age, milk alone will not satisfy the baby’s increasing nutritional requirements, especially for iron
- satisfy increasing appetite
- develop new skills – for example, use of feeding beaker, cup and cutlery
- develop the chewing mechanism – the muscular movement of the mouth and jaw also aids the development of speech
- introduce new tastes and textures – this enables the baby to join in family meals, thus promoting cognitive and social development.

When to start weaning

Department of Health guidelines advise parents to wait until their baby is around six months old before starting him or her on solid food. When the following three key signs are present together, it means that the baby is ready for solid food:

1. The baby can stay in a sitting position while holding his or her head steady.
2. The baby can coordinate his or her eyes, hands and mouth – that is, look at food, grab it and put it in his or her mouth by him or herself.
3. The baby can swallow his or her food – if the baby is not ready, most of it will be pushed back out.

Babies who are born prematurely should not be introduced to solid foods just because they have reached a certain age or weight. They will need individual assessment before weaning.

Giving solids too early – often in the mistaken belief that the baby might sleep through the night – places a strain on the baby’s immature digestive system. It may also make the baby fat and increases the likelihood of developing allergies.

If parents do choose to introduce solid foods before 26 weeks, they should consult their health visitor or GP first. There are also some foods they should avoid giving their baby. These include:

- foods containing gluten, which is in wheat, rye, barley, oats
- eggs
- fish and shellfish
- liver
- citrus fruit juices
- nuts and seeds.

NB Babies under the age of one year should not be given honey because it is not pasteurised and can cause infant botulism – a rare but very serious illness, which occurs when Clostridium botulinum or related bacteria produce toxins in the intestines of babies under one year old.

Stages of weaning

Every baby is different. Some enjoy trying new tastes and textures, moving through weaning quickly and easily, while others need a little more time to get used to new foods.

Stage 1 (around six months)

Give puréed vegetables, puréed fruit, baby rice and, finely, puréed dhal or lentils. Milk continues to be the most important food.

Stage 2 (about six to eight months)

Increase variety; introduce puréed or minced meat, chicken, liver, fish, lentils and beans. Raw eggs should not be used, but cooked egg yolk can be introduced from six months, along with wheat-based foods – for example, mashed Weetabix® and pieces of bread. Milk feeds decrease as more solids rich in protein are offered.

Stage 3 (about nine to twelve months)

Cows’ milk can safely be used at about 12 months, along with lumpier foods such as pasta, pieces of cooked meat, soft cooked beans, pieces of cheese and a variety of breads. Additional fluids can be given – for example, water. Three regular meals should be taken, as well as drinks.
Methods of weaning

Some babies take to solid food very quickly; others appear not to be interested at all. The baby’s demands are a good guide for weaning – mealtimes should never become a battleground. Even very young children have definite food preferences and should never be forced to eat a particular food, however much thought and effort has gone into the preparation. Table 1.1.3 offers guidelines on introducing new solids to babies.

<table>
<thead>
<tr>
<th>You can give or add</th>
<th>4–6 months</th>
<th>6–8 months</th>
<th>9–12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puréed fruit</td>
<td>A wider range of puréed fruits and vegetables</td>
<td>An increasingly wide range of foods with a variety of textures and flavours</td>
<td></td>
</tr>
<tr>
<td>Puréed vegetables</td>
<td>Purées which include chicken, fish and liver</td>
<td>Cow’s milk</td>
<td></td>
</tr>
<tr>
<td>Thin porridge made</td>
<td>Wheat-based foods, e.g. mashed Weetabix®</td>
<td>Pieces of cheese</td>
<td></td>
</tr>
<tr>
<td>from oat or rice flakes or cornmeal</td>
<td>Egg yolk, well cooked</td>
<td>Fromage frais or yoghurt</td>
<td></td>
</tr>
<tr>
<td>Finely puréed dhal or lentils</td>
<td>Small-sized beans such as aduki beans, cooked soft</td>
<td>Pieces of fish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pieces of ripe banana</td>
<td>Soft cooked beans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cooked rice</td>
<td>Pasta</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Citrus fruits</td>
<td>A variety of breads</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Soft summer fruits</td>
<td>Pieces of meat from a casserole</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pieces of bread</td>
<td>Well-cooked egg white</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An increasingly wide range of foods with a variety of textures and flavours</td>
<td>Almost anything that is wholesome and that the child can swallow</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How</th>
<th>Offer the food on the tip of a clean finger or on the tip of a clean (plastic or horn) teaspoon</th>
<th>On a teaspoon</th>
<th>On a spoon or as finger food</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>When</th>
<th>A very tiny amount at first, during or after a milk feed</th>
<th>At the end of a milk feed</th>
<th>At established mealtimes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Why</th>
<th>The start of transition from milk to solids</th>
<th>To introduce other foods when the child is hungry</th>
<th>To encourage full independence</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Not yet</th>
<th>Cow’s milk – or any except breast or formula milk</th>
<th>Cow’s milk, except in small quantities mixed with other food</th>
<th>Whole nuts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Citrus fruit</td>
<td>Chillies or chilli powder</td>
<td>Salt</td>
</tr>
<tr>
<td></td>
<td>Soft summer fruits</td>
<td>Egg whites</td>
<td>Sugar</td>
</tr>
<tr>
<td></td>
<td>Wheat (cereals, flour, bread, etc.)</td>
<td>Nuts</td>
<td>Fatty food</td>
</tr>
<tr>
<td></td>
<td>Spices</td>
<td>Salt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spinach, swede, turnip, beetroot</td>
<td>Sugar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eggs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nuts</td>
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<tr>
<td></td>
<td>Salt</td>
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<td>Sugar</td>
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Table 1.1.3 Introducing new solids to babies
The best baby food is home-made from simple ingredients, with no sugar, salt or spices. Any leftovers can be frozen in ice cube trays. Puréed, cooked vegetables, fruit and ground cereals such as rice are ideal to start weaning. Chewing usually starts at around the age of six months, whether or not the baby has teeth, and slightly coarser textures can then be offered. The baby should be fed in a bouncing cradle or high chair – not in the usual feeding position in the carer’s arms.

Food can be puréed by:

- rubbing it through a sieve using a large spoon
- mashing it with a fork (for soft foods such as banana or cooked potato)
- using a mouli-sieve or hand-blender
- using an electric blender (useful for larger amounts).

**Finger foods**

Finger foods are any foods that can be given to a baby to manage by him or herself. After weaning, encourage the baby to chew – even if there are no teeth – by giving finger foods or foods that have a few lumps. Examples of finger foods include:

- wholemeal toast
- pitta bread
- banana or peeled apple slices
- cubes of hard cheese – for example, Cheddar
- chapatti
- breadsticks
- cooked carrots or green beans.

**Always** stay near to the baby during feeding to make sure he or she does not choke, and to offer encouragement.

**Baby-led weaning**

Some parents use a technique for weaning their babies called baby-led weaning. This involves letting the baby select those items of food that can be held or grasped by the baby and taken to his or her mouth. Starter foods may include pieces of broccoli, carrot or fruit cut into ‘chip’ shapes and offered to the baby on a tray. The use of bowls and weaning spoons is discouraged. The principles behind this way of feeding babies are that baby-led weaning:

- offers the baby the opportunity to discover what other foods have to offer, as part of finding out about the world around him or her
- utilises the baby’s desire to explore and experiment, and to mimic the activities of others
- enables the transition to solid foods to take place as naturally as possible – by allowing the baby to set the pace of each meal, and maintaining an emphasis on play and exploration rather than on eating.

For more information, visit this website:
http://babyledweaning.com

**Progress check**

Weaning is the gradual introduction of solid food to the baby’s diet.

Giving solids too early places a strain on the baby’s immature digestive system.

The Department of Health recommends that babies be started on solid food at around six months.

Babies usually start chewing food at around the age of six months, whether or not they have teeth.