Information on how to introduce solid foods to infants

This information aims to provide practical advice to parents and carers about how to introduce solid foods to infants with known food allergy or infants at risk of developing food allergy. Infants who have parents or a sibling with allergic disease including food allergies, are at higher risk of developing food allergies.

How do I know if my infant is ready to start solid foods?

When your infant is ready, at around 6 months, but not before 4 months, start to introduce a variety of solid foods, starting with iron rich foods, while continuing breastfeeding.

Signs your infant is ready to start eating solid foods include when your infant:

- has good head and neck control and can sit upright when supported
- shows an interest in food, for example, looking at what’s on your plate
- reaches out for your food
- opens their mouth when offered food on a spoon

These signs happen at different times for different infants. If your infant is not eating solid foods by 7 months of age, discuss this with your child health nurse or doctor.

Learning to eat

- Learning to eat takes time, so be patient with your infant.
- Offer your infant foods that are the right texture for their developmental stage.
- Infants should move from smooth foods at around 6 months but not before 4 months to cut up foods at around 12 months.
- Finger foods should be introduced around 8-9 months of age.
- Aim for your child to be eating healthy family meals by 12 months of age where possible.
- Infants with food allergies may take longer to get used to eating new foods and new textures of foods.
- If your infant does not seem interested in eating or trying new foods, wait a few days and try again.
- If your infant is having lots of feeding problems discuss this with your child health nurse, doctor or dietitian.

Introducing foods

- There is no particular order in which to introduce solid foods. However, iron rich foods need to be included around 6 months but not before 4 months. Examples of iron rich foods include iron enriched (fortified) cereals, meats, poultry, fish, cooked egg and legumes (such as chick peas).
- Introduce foods one at a time, around 2 days apart so that you can easily identify if any foods cause a reaction. Allergic reactions usually occur quickly (within minutes up to 2 hours), whilst other reactions may be delayed.
- Continue to include these foods so you can build a diet that contains a wide variety of foods. If a food causes a reaction stop feeding your child that food and seek medical advice.
- First foods can be mashed, smoothed or pureed or offered in soft pieces. Many people start with smooth foods and move on to mashed foods, chopped foods and finger foods.
- Aim to offer your infant a variety of foods from each food group such as:
  - **Cereal foods** including bread, crackers, pasta and iron fortified cereals. Offer a variety of grains including wheat, rice, oats, corn.
  - **Dairy foods** including yoghurt, cheese and cow’s milk on cereal. Cow’s milk should not be given as a breastmilk or infant formula substitute, however, it can be used on breakfast cereal.
  - **Meat and alternatives** including beef, lamb, poultry, cooked egg, fish, other seafood, legumes, nut pastes and foods containing nuts.
  - **Fruits and vegetables** (see below for advice on how to give hard fruits and vegetables)
- Infants need to learn to eat a variety of foods from each food group so they receive adequate amounts of important nutrients including iron, zinc, fat, protein, vitamins and essential minerals such as calcium.
**Introducing egg and peanut**

- All infants should be given foods that are common food allergens including peanut butter, cooked egg, dairy and wheat products in the first year of life. This includes infants considered to be at high risk of developing food allergy.
- Parents are sometimes worried about giving egg and peanut butter to their infants, as they are common food allergens. However, it is best to offer your infant cooked egg and peanut butter regularly, starting before 12 months of age.
- Introduce cooked egg (e.g. egg in muffins) and peanut butter in the morning so that you can watch your infant and easily respond to any potential reactions.
- We recommend introducing cooked egg and peanut butter in small amounts to start with. Offer well cooked egg and peanut paste. You can do this by mixing a small amount of hard-boiled egg or peanut paste (for example ¼ baby spoon) into your infant's usual food (e.g. vegetable puree), and gradually increasing the amount (up to several spoons full) if your infant is not having any allergic reactions.
- Smearing food on the skin will not help to identify possible food allergies, but you can rub a small amount of the food on the inside of your infant's lip as a starting point. If there is no reaction after a few minutes, you can start giving small amounts of the food as above. Never rub food on infant skin, especially if they have eczema.
- If you notice any swelling of the lips, eyes or face; skin rashes such as hives or welts, vomiting, trouble breathing, or any change in your infant's well-being (e.g. becoming very unsettled) soon after giving a new food, your infant could be having an allergic reaction and you should seek medical help. For severe symptoms (anaphylaxis) such as difficulty breathing, pale and floppy, swollen tongue, call an ambulance. Further information about the signs and symptoms of mild to moderate and severe (anaphylaxis) allergic reactions, is available from the ASCIA website: [www.allergy.org.au](http://www.allergy.org.au).

**Do not give hard pieces of food**

- Prevent infants from choking on food by grating, cooking or mashing all hard fruits or vegetables.
- Do not give infants foods that have small hard pieces such as raw apple, raw carrot or whole or chopped nuts.
- Use nut flours, pastes or butters when introducing nuts.
- Suitable finger foods for infants include steamed vegetables, roasted vegetable wedges, strips of meat, fish or chicken, bread or toast and crackers, soft fruits.
- Always supervise infants and young children while they are eating, and ensure they are seated when eating.

**Drinks**

- Breast milk and infant formula will continue to provide important nutrients once your infant is eating solid foods.
- As your infant eats more solid foods they will need less milk and will demand fewer feeds.
- Take care not to replace milk feeds too quickly with solid foods.
- Drinks such as water, breast milk and cow's milk based infant formula can be offered from a cup from 8 months of age.

**What if my infant already has food allergies?**

- If your infant already has food allergies, it is important to replace that food with nutritionally equivalent foods. For example, infants allergic to cow’s milk should continue to breast feed, or be given an appropriate cow's milk free infant formula in their diet. If an infant is allergic to wheat then wheat alternatives (such as white and brown rice, corn, quinoa) should be included in their diet.
- Patient information resources for specific allergies can be found on the ASCIA website: [www.allergy.org.au/patients/food-allergy](http://www.allergy.org.au/patients/food-allergy)
- ASCIA recommends that infants with cow’s milk, wheat or multiple food allergies are seen by a dietitian for individual assessment and advice.
What if other members of my family have food allergies?

If other members of the family have food allergies, it is still important to introduce that food to your infant whilst keeping the family member safe.

To keep the family member with food allergies safe, you can:

- Introduce the food when the family member is not at home.
- Use separate cooking utensils to prepare and give the food to your infant, and wash them well afterwards.
- Wash your and your infant's hands and face with soap after giving the food.
- Give the food outside the home (for example at a relative’s home) if you don't want to have the food in the house and wash hands and face and ensure clothing is free of the food allergen before returning home.
- Discuss how to introduce one child’s allergen to another child in the one family with your dietitian.
- Discuss how to introduce one child’s allergen to another child in the one family with patient support organisation Allergy & Anaphylaxis Australia.

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Further information and references

- Allergy & Anaphylaxis Australia 1300 728 000 or [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Disclaimer

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The content of this document is not intended to replace professional medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

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