Parent Information: Frequently Asked Questions (FAQ)  
How to Introduce Solid Foods for Allergy Prevention

This information aims to provide practical advice on how to introduce solid foods to your baby, and is based on current evidence for food allergy prevention. This advice is relevant for all babies, particularly those with severe eczema, or existing food allergy, or a family member (parent or sibling) with allergies.

Key Points

- Start to introduce solid foods around six months of age (not before four months), and when your baby is ready. If possible, continue to breastfeed your baby while you are introducing solid foods.
- When introducing solid foods to your baby, include common allergy causing foods by 12 months in an age appropriate form, such as well cooked egg and smooth peanut butter/paste. These foods include egg, peanut, cow's milk (dairy), tree nuts (such as cashew or almond paste), soy, sesame, wheat, fish, and other seafood. Studies show that this may reduce the chance of developing food allergy in babies with severe eczema or egg allergy.
- Only introduce one common allergy causing food at each meal, so that the problem food can be easily identified if there is an allergic reaction.
- If your baby has an allergic reaction, stop giving that food and seek medical advice.
- Unless your baby has an allergic reaction to the food, continue to give the food to your baby regularly (twice weekly), as part of a varied diet. Trying a food and then not giving it regularly may result in a food allergy developing.
- Babies need to learn to eat a variety of solid foods, from each food group, to receive adequate amounts of important nutrients including fat, protein, vitamins and minerals, such as calcium, iron and zinc.
- Learning to eat solid foods takes time and babies learn by watching their family eat, so giving your baby the same foods as the rest of the family will encourage them to eat many different foods.
- Offer your baby foods that are the right texture for their stage of development. To prevent choking, use smooth nut spreads or nut flours – do not feed your baby whole nuts or nut pieces.

It is important to note that some babies may still develop a food allergy even if this advice is followed.

Note: Questions 1 to 5 below are about food allergy prevention and questions 6 to 11 include general feeding advice.

Q 1: Why should egg and peanut be introduced by 12 months of age?

- All babies should be given common allergy causing foods by 12 months of age, including egg and peanut, in an age appropriate form such as well cooked egg and smooth peanut butter/paste (not whole nuts or pieces). This includes babies who have eczema (very dry skin), another food allergy, or a family member with food allergy, even though they may have a higher chance of developing food allergy.
- Parents are sometimes worried about giving egg and peanut to their babies, as they commonly cause food allergies. However, it is best to offer your baby well cooked egg and smooth peanut butter/paste regularly (twice weekly), starting before 12 months of age. Delayed introduction of these foods has been shown to increase the chance of developing food allergy.
2: How should egg and peanut be introduced?

- Introduce well cooked egg and smooth peanut butter/paste in small amounts to start with, as you would with other foods. You may choose to do this during meals soon after waking, so that you can watch your baby and respond if they have an allergic reaction.
- If you require some guidance you may wish to:
  - Mix a small amount (¼ teaspoon), of hard-boiled egg or peanut butter/paste into your baby’s usual food (such as vegetable puree).
  - Gradually increase the amount if your baby is not having any allergic reactions, for example ½ teaspoon the next time.
- You can rub a small amount of the food inside your baby’s lip as a starting point. If there is no allergic reaction after a few minutes, you can start giving small amounts of the food as described above.
- Never smear or rub food on your baby’s skin, as this will not help to identify possible food allergies and may increase the risk of the baby developing an allergy to that food.

Q3: What should you do if your baby has an allergic reaction?

- If you notice any swelling of the lips, eyes or face, hives or welts, vomiting, or any change in your baby’s behaviour (becoming very unsettled), soon after giving a new food, your baby could be having an allergic reaction. You should stop feeding your baby that food and seek medical advice.
- Call an ambulance immediately if there are signs of a severe allergic reaction (anaphylaxis), such as difficult/noisy breathing or your baby becomes pale and floppy, or if there is tongue swelling.
- Allergic reactions usually occur quickly, within minutes to two hours, while other reactions to foods may be delayed.
- It is important to note that minor redness around the mouth is most often due to skin irritation and is not usually due to an allergic reaction.
- Information about the signs and symptoms of mild to moderate and severe allergic reactions (anaphylaxis), is on the following website [https://preventallergies.org.au/identifying-allergic-reactions/](https://preventallergies.org.au/identifying-allergic-reactions/)

Q 4: What should you do if your baby already has food allergies?

- Make sure you have appropriate medical advice, including an accurate diagnosis and ASCIA Action Plan.
- Babies with cow’s milk, wheat or multiple food allergies should also be seen by a dietitian to help maintain nutritional intake, as avoiding these foods can affect growth and development.
- If your baby has cow’s milk and/or egg allergy (including reactions to lightly cooked cow’s milk or egg), but does not have allergic reactions to baked foods containing cow’s milk or egg (such as muffins, cakes or biscuits), continue to give these baked foods. If you are uncertain that the baked foods are tolerated, discuss this issue with your doctor or allergy dietitian before introducing these foods at home.
- It is important to replace the food your baby is allergic to with foods that have similar nutritional content. For example:
  - If your baby is allergic to wheat, alternatives such as white or brown rice, corn, quinoa, buckwheat and millet should be included in their diet.
  - If your baby is allergic to cow’s milk they should continue to be breastfed or given an appropriate infant formula that does not contain cow’s milk. Note that lactose free formula contains cow’s milk and is not suitable for babies who are allergic to cow’s milk.

Q 5: What should you do if other family members have food allergies?

If other family members have food allergies, it is still important to introduce those foods to your baby if you are able to continue feeding them the food once introduced.

To keep the family member with food allergies safe, you can:
• Give the food to your baby whilst they are in a high chair.
• Wash your hands, your baby’s hands and your baby’s face after giving the food.
• Consider having a separate coloured face washer to wipe up your baby’s spills or spits.
• Thoroughly wash all utensils used, with the food the family member is allergic to, in warm soapy water.
• Initially consider giving the food to your baby when the family member with food allergy is not at home.
• Discuss introducing foods with your dietitian, or Allergy & Anaphylaxis Australia or Allergy New Zealand.

Q 6: How do you know if your baby is ready to start solid foods?

Your baby should be ready to start eating solid foods around six months of age (not before four months), when they:
• Have good head and neck control, and can sit upright when supported.
• Show an interest in food, for example, when they look at food on your plate and watch you eat.
• Reach out for your food.
• Open their mouth when offered food on a spoon.

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

Solid foods should not be started before four months. Studies have shown that babies at high risk of having allergies who are exclusively breastfed for the first three to four months of life are less likely to develop food allergies and eczema during the first two years of life. There are also developmental reasons why solid foods should not be started before four months, as a baby’s digestive system and ability to chew and swallow are not yet fully developed or ready for solid foods.

Q 7: How should solid foods be introduced?

• Learning to eat solid foods takes time, so be patient with your baby.
• Babies learn to eat by watching their family eat. Giving your baby the same foods as the rest of the family will encourage them to eat many different foods.
• Offer your baby foods that are the right texture for their stage of development, such as:
  – Smooth foods (pureed or mashed), from around six months of age (not before four months).
  – Lumpy foods and finger foods by eight to nine months.
  – Cut up foods by 12 months.
• Aim for your baby to be eating healthy family meals by 12 months of age.
• If your baby does not seem interested in eating or trying new foods, wait a few days and try again.
• Babies with food allergies may take longer to get used to eating new foods and foods with different textures.
• If your baby is having feeding problems discuss this with your child health nurse, doctor or dietitian.

Q 8: In what order should solid foods be introduced?

• Solid foods can be introduced in any order. However, iron rich foods should be included around six months of age (not before four months). These include iron enriched (fortified) cereals, meats, poultry, fish, well cooked egg, tofu and legumes (such as chick peas).
• Only introduce one common allergy causing food at each meal. If only one new common allergy causing food is introduced at each meal and an allergic reaction occurs, the problem food can be easily identified. If your baby has an allergic reaction, stop giving that food and seek medical advice.
• Unless your baby has an allergic reaction to the food, continue to give the food to your baby regularly (twice weekly), as part of a varied diet. Trying a food and then not giving it regularly may result in a food allergy developing.
Q 9: Why is it important to give your baby a variety of foods?

- Babies need to learn to eat a variety of solid foods, from each food group, to receive adequate amounts of important nutrients including fat, protein, vitamins and minerals, such as calcium, iron and zinc.
- It is therefore important to continue to regularly give foods that you have introduced to your baby so that they are eating a wide variety of foods from each food group by 12 months of age, including:
  - Cereal foods such as bread, crackers, pasta, and iron fortified cereals. Offer a variety of grains including wheat, rice, oats, and corn.
  - Dairy foods such as yoghurt, cheese, and cow’s milk on cereal. Cow’s milk should not be given as the main milk (instead of breastmilk or formula), for babies under 12 months of age.
  - Meat and alternatives such as beef, lamb, poultry, well cooked egg, fish, other seafood, legumes such as peas and lentils, smooth nut butters/pastes, and tofu.
  - Vegetables and fruits can be grated, cooked, pureed or mashed to prevent choking.

Q 10: How can you prevent your baby from choking on hard pieces of food?

- Do not give babies foods with small hard pieces such as raw apple or carrot, whole or chopped nuts.
- Grate, cook, puree or mash hard fruits or vegetables.
- Use smooth nut butters/pastes (or nut flours such as almond meal if available), when introducing nuts to babies.
- Give suitable finger foods for babies such as steamed vegetables, roasted vegetable wedges, strips of meat, fish or chicken, soft fruits, bread or toast and crackers.
- Always supervise babies or young children while they are eating, and ensure they are seated.

Q 11: What drinks should you give your baby?

- Breast milk or formula will continue to provide important nutrients once your baby is eating solid foods.
- From eight months, offer water, breast milk, cow’s milk based infant formula or other infant formula from a cup.
- As your baby eats more solid foods they will demand fewer breast milk or formula feeds. However, take care not to replace milk feeds with solid foods too quickly.

Q 12: Where can you obtain further information?


Nip allergies in the Bub website for practical information including food ideas and recipes suitable for different developmental stages: [https://preventallergies.org.au/](https://preventallergies.org.au/)

Support for patients, consumers and carers:
- Allergy & Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au) or call 1300 728 000
- Allergy New Zealand [www.allergy.org.nz](http://www.allergy.org.nz)

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