



Starting Your Baby on Solid Foods

This article was originally published in the monthly Ask the Midwife column that appeared from 2003-2007 in the Willy Street Reader in Madison, WI. Ingrid Andersson, CNM, addressed questions related to health and nutrition in the childbearing year.

Question: I was wondering when you start babies on solids. What foods do you start with? There's so much differing advice out there and a part of me wants to wait as long as possible, because I feel like it's the beginning of weaning her!

When I get confused or overwhelmed by information, I try to return to the source of the question. In this case the source is your baby.

What is your baby telling you? Is she starting to study your eating movements, mimic your chewing, grabbing your food? Is your baby able to pick up small objects and put them in her mouth? Is your baby able to sit upright in your lap or a highchair? Has your baby begun to teethe? Interest + ability is a good sign that your baby is ready at least to play with solid food.

Some babies clearly tell us they desire solids sooner than other babies. Some tell us they want to breastfeed exclusively for a year. Most babies continue to breastfeed long after they have begun eating solids. Breastmilk offers advantages no other food has: it is a complex elixir of proteins, vitamins, minerals, probiotics, etc., blended with comfort, security and love.

The young human infant is designed to suck rather than to chew. Teeth typically appear around six or seven months of age. Prior to four to six months, babies have a tongue-thrust reflex, where the tongue automatically pushes out any foreign substance placed on it. This reflex helps regulate the flow of breastmilk and protect the infant from choking. Also around seven months of age, the protective protein, immunoglobulin A (IgA) reaches peak productin and coats the lining of the immature infant intestine. IgA works to prevent irritation of the mucosal lining and the passage of harmful allergens into the blood. While it will still takes several years for digestive enzymes to become fully developed, most babies' gastrointestinal tracts are developed enough at six months of age for cautious feedings.

For these reasons and others, the World Health Organization recommends exclusive breastfeeding in the first 6 months of life, and continued breastfeeding for 2 years.

So it's OK to let go of the "hurry or worry" dilemma that conflicting outside sources can cause and listen to your baby. As infant intestines mature, they become better filters against allergens. I have seen babies in allergy-prone families actually show delayed interest in solid foods.

Once your baby seems interested in solid food, what foods?

I recall as a new mother, I bought jars and jars of a premium organic baby food on sale, only to find that my baby wanted nothing to do with the mushy, unidentifiable stuff! He coveted whatever we were eating – garlicky pastas, olives, plain yogurt, beans – and appeared to have the stomach to handle it (no doubt another benefit of breastfeeding). Introducing solids might be easier and funnier than you think!

Even in the absence of full teeth, gums and little teeth buds can handle tiny pieces of most foods. In fact some rigorous gumming is probably comforting and useful to teething tissues. So while there is lots of room for variety and individuality in what foods you introduce, there are common allergens and other problem foods to avoid or pay close attention to while slowly introducing them to your baby.

Common Allergens

Corn, citrus, cow's milk, cheese, wheat, soy.

Chocolate and Caffeine

These are bitter stimulants that require lots of sugar to taste good to an infant. Sugar and caffeine can stress circulatory and immune systems.

Salt

Heavily salted foods can interfere with immature kidney function and natural appetite.

Raw Honey

Unpasteurized honey can contain botulism toxins in amounts harmful to infants.

Sugar

Refined sugar consumption promotes tooth decay. Excess sweets tend to replace foods with genuine nutritional value and can lead to early learning and behavioral difficulties. If a sweetener is needed, try vitamin- and mineral-rich ones: barley malt, maple syrup or natural fruit purees and concentrates.

Chemical Additives

There is more and more research indicating that early behavioral and immunological problems may be linked to synthetic colors, flavorings, and preservatives. Artificial food dyes (such as FD&C Yellow No. 5 or Red 40) and preservatives BHA, BHT, TBHQ are all made from petroleum. Artificial flavors can basically be made from anything and are unspecified and unregulated.

In conclusion, listen to your baby. When she reaches for the food on your plate or fork, put a small amount in front of her and see if she succeeds in getting it into her mouth. That alone might be her big accomplishment for a while, and her tongue will push most of the food back out of her mouth. Watching her facial expressions in response to new food sensations can be wonderful (imagine your tastebuds bursting to a brand new flavor) and entertaining. After a while, she will gum and swallow food she likes in small amounts. Have fun!

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