



Having a hard time understanding what, when, and how to feed your infant or toddler? Or maybe you're looking for some additional tips and tricks to add to what you already know. We provide research-based answers to those tough questions, plus more in this fact sheet.

What Should My Child Eat?

Infants: Infants should consume only breast milk or formula until 4-6 months of age when they are developmentally ready to start eating solid foods (Pérez, 2017). Cow's milk and goat's milk should not be offered to your infant until 1 year of age since these milks can cause diarrhea, interfere with absorption of minerals and vitamins, and be a food safety risk within the first 12 months (Krinke, 2011). Plant based milks, including soy, rice, and almond, should not be used to replace breast milk or formula since they do not meet the nutritional needs of your infant. Under special circumstances a pediatrician may prescribe a soy-based infant formula or other specialty formulas if medically necessary (Pérez, 2017).

Weaning and first foods: An infant is ready to start solid foods between 4-6 months of age. It is important not to start introducing solid foods any sooner or later than this recommendation since it can negatively impact development and growth (Pérez, 2017; Krinke, 2011). Introducing solid foods during this age range helps infants meet their needs for vital nutrients including zinc, iron and vitamin D (Krinke, 2011). When introducing solid foods, it is important to expose your infant to a wide variety of foods (especially fruits and vegetables) to help your infant get familiar with different flavors and textures (Pérez, 2017). Keep in mind that the foods they eat early on

will be similar to the foods they are willing to eat later on!

When introducing the first solid foods, also known as complementary foods, keep in mind that infants need food to be pureed and soft. Your infant may not have teeth yet or teeth are just starting to come in. Iron-fortified cereals and pureed meats can provide essential nutrients such as protein, iron and zinc that are important for your infant's growth and development (Pérez, 2017). Pureed vegetables and fruits are also excellent options to feed your infant when transitioning into solid foods (Pérez, 2017). Remember, infants continue to need either breast milk or formula in addition to solid foods since they may not eat enough solid foods to meet all their nutritional needs.

Fiber is another important nutrient for young children. Children ages 1-3 years should consume 19 grams of fiber per day (Krinke, 2011). Meeting these recommendations will help your child feel full while also reducing the risk for constipation. Fiber can come from a variety of foods including whole grain cereal, fruits, vegetables, and legumes (beans) (Keller, 2012).

What textures of food are okay for my child? (Krinke, 2011; Pérez, 2017)

Age	Food Textures	Indicator
4-6 months	Pureed foods	Sit without support and tongue can move side to side
6-8 months	Lumpy foods with a soft texture	Munching and jaw movements
9-12 months	Soft mashed foods	Can chew and swallow

What foods can my infant eat? (Krinke, 2011; Pérez 2017)

Age	Foods
0-6 months	Breast milk or iron-fortified formula
4-6 months	Breast milk or iron-fortified formula plus 1 to 2 teaspoons of pureed foods rich in iron or zinc (fortified cereals or pureed meats)
6-12 months	Breast milk or iron-fortified formula and continue to increase the variety of fruits, vegetables, grains, legumes, and meats (offer in various textures and thicknesses).



What about juice? If you choose to offer your child juice, be sure to offer 100% juice and limit the quantity to the recommended amounts listed in the table below. No juice is recommended for infants up to 12 months, and after 12 months limit juice to 4-6 ounces per day of 100% juice offered in a cup instead of a bottle (Krinke, 2011; Perez 2017). This can help with keeping your toddler from taking in extra calories from naturally occurring sugars in juice. Be sure to choose pasteurized juice, because infants and toddlers' defenses against foodborne illness are still developing. Fruits, vegetables, smoothies, and frozen homemade popsicles made with fruit and vegetables are great alternatives to juice because they contain fiber and many other important nutrients.

What amount of 100% juice is ok for my child? (Krinke, 2011; Pérez 2017):

Age	Amount / Day
Less than 6 months	No juice. Should only offer breast milk or iron-fortified formula
6 -12 months	No juice. Should only offer breast milk or iron-fortified formula, and 4-8 oz of water per day in a cup after they start solid foods
12 months to 6 years old	4 to 6 ounces per day

How do I get my child to eat?: Division of Responsibilities

Research has shown that pressuring a child to eat has a negative impact on the child's relationship to food during childhood and later in life as an adult (Galloway, 2006). The Division of Responsibility, developed by Ellyn Satter, is a great way to relieve pressure for both parents and children when it comes to eating (Satter, 2015).

As the parent, you choose when to feed your child and what to feed your child. The child gets to decide whether or not he/she will eat and how much (Satter, 2015).

When feeding your infant and toddler, watch for your child's hunger cues to decide when to feed them (see below).

On the right is how Satter divides the Divisions of Responsibility between the parent and child.

Parent feeding jobs:

- Choose and prepare food
- Provide regular meals and snacks
- Make eating times pleasant
- Be a role model—show healthy eating habits
- Provide a variety of foods at meal time—but don't cater to child's likes and dislikes
- Limit or avoid food and beverages between meal and snack time—except for water
- Let children grow into bodies that are right for them (Satter, 2015)

Child's eating jobs:

- Eat the amount they need
- Learn to eat the food their parents eat
- Grow predictably
- Learn to behave well at mealtime (Satter, 2015)

How do I get my child to eat?: Hunger and Fullness Cues

Being a parent requires various responsibilities from financial support to teaching life lessons; for example, understanding when it's time to eat. Surprisingly, children are born with the capacity to recognize hunger and fullness, and more importantly, to self-regulate their intake of food (Ramsay, 2010). Reading and responding to cues shown by your child can help

them learn self-regulation of eating. Although this may be a hard task at first, over time it will get easier. Understanding and watching for your child's cues is an important part of feeding in a healthy way. Here are some common hunger and fullness cues to look out for (Schwartz, 2011; Pérez 2017).

Hunger	Fullness
<p>Infant:</p> <ul style="list-style-type: none">• Crying (in combination with other signs)• Mouthing or rooting• Sucking noises or motions• Hand-to-mouth movements• Excited arm and leg movements• Opening mouth as food approaches• Swiping food toward the mouth• Moving head toward food• Smiling, cooing, and/or gazing at the caregiver during feeding	<p>Infant:</p> <ul style="list-style-type: none">• Falling asleep• Becoming fussy during feeding• Slowing the pace of eating• Stop sucking• Spitting out or refusing nipple• Closing mouth when food is offered• Turning head away from food
<p>Toddler:</p> <ul style="list-style-type: none">• Point at foods or beverages• Ask for foods or beverages• Reach for food• Watching food• Leaning toward food	<p>Toddler:</p> <ul style="list-style-type: none">• Refusing spoon• Batting the spoon away• Closing mouth as spoon approaches



Practicing what you preach is key. Make sure to model good eating behavior by eating a variety of healthful foods in your own diet (Perez, 2017).

When talking to a child, use questions that ask about their internal hunger or fullness cues. Ask the child if the food made their tummy feel good or reassure them that if they are still hungry they can have more (Ramsay, 2010). This will help reinforce his or her self-regulation skills, or knowing how much food is the right amount to eat.

Avoid asking questions or making statements that apply pressure or negativity about eating (Ramsay, 2010). Asking your children if they are done yet or telling them to clean their plate can cause children to avoid listening to their internal cues of hunger and fullness. Keep the focus on how your child is feeling and encourage them to listen to their body.

Use these tips to help put you and your child on a better path to healthy eating habits. For more information on feeding your children, check out www.myplate.gov and get personalized recommendations for their age, height, weight, and activity level at <https://www.choosemyplate.gov/tools-supertracker>. Another great source of information is Ellyn Satter's website, see <http://ellynsatterinstitute.org/hf/haarceg.php>. Check out our other fact sheets on feeding your children including: How to Help your Children Love Vegetables, Help for Picky Eaters, and Hidden Vegetables: Helpful or Harmful.

References

- Galloway, A. T., Fiorito, L. M., Francis, L. A., & Birch, L. L. (2006). 'Finish your soup': Counterproductive effects of pressuring children to eat on intake and affect. *Appetite*, 46(3), 318-323. doi:10.1016/j.appet.2006.01.019
- Gavin, M. (2014). Hunger and your preschooler. Kidshealth.org. Retrieved 24 March 2016, from <http://kidshealth.org/en/parents/hungry-preschooler.html#>
- Infant Nutrition and Feeding. (2009). WIC Works Resource System. Retrieved 3 March 2017, from wicworks.fns.usda.gov/wicworks/Topics/FG/CompleteIFG.pdf
- Keller, M. (2012). Healthful beginnings-Nutritious eating from infancy to toddlerhood can nip obesity in the bud. *Today's Dietitian*, 14.
- Krinke, B., Murtaugh, M., Lechtenberg, E., Brown, J. E., & Isaacs, J. S. (2011). *Nutrition Through the Life Cycle* (4th ed.). United States: Wadsworth, CENGAGE Learning.
- Pérez-Escamilla, R., Segura-Pérez, S., & Lott, M, on behalf of the RWJF HER Expert Panel on Best Practices for Promotion Healthy Nutrition, Feeding Patterns, and Weight Status for Infants and
- Toddlers from Birth to 24 Months. (2017). Feeding guidelines for infants and young toddlers: A responsive parenting approach. Guidelines for health professionals. Available at <http://healthyeatingresearch.org>
- Ramsay, S. A., Branen, L. J., Fletcher, J., Price, E., Johnson, S. L., & Sigman-Grant, M. (2010). "Are you done?" Child care providers' verbal communication at mealtimes that reinforce or hinder children's internal cues of hunger and satiation. *Journal of Nutrition Education & Behavior*, 42(4), 265-270. doi:10.1016/j.jneb.2009.07.002
- Satter, E. (2012). *How to Get Your Kid to Eat* (1st ed., pp. 14-18). Chicago: Bull Publishing Company.
- Schwartz, C., Scholtens, P. A., Lalanne, A., Weenen, H., & Nicklaus, S. (2011). Development of healthy eating habits early in life. Review of recent evidence and selected guidelines. *Appetite*, 57(3), 796-807. doi:10.1016/j.appet.2011.05.316

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