Educational & Developmental Intervention Services (EDIS) Personnel Development

KIT

Keeping In Touch

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Resource Article

Diversity is part of our American culture and heritage. This diversity brings different approaches to accomplishing various day-to-day necessities, such as eating. Our article review this month explores how culture influences infant feeding practices. While there certainly are infant feeding practices recommended by the American Academy of Pediatrics (AAP), family culture, background, values, and experiences coupled with the demands of daily living influence the infant feeding practices parents implement. For early intervention providers, health care professionals, and others supporting families of young children it is important to remember the reality of cultural variations and seek first to understand.

Considering cultural variations and the strong and important emphasis placed on breastfeeding, Pak-Gorstein, Haq, & Graham (2009) share examples of how some cultures practice giving alternative prelacteal liquids during the first hours or days before beginning breast feeding. Examples of provided liquids include sugar water, sugar water with specific herbs, water, tea, diluted animal milk, juice, honey, and other combinations. Contributing to the reasoning for not starting with breastmilk is the concern about the nutritional value of first milk (colostrum), which is perhaps influenced some by its thinner and yellowish color.

Examination of breastfeeding by different ethnic groups revealed that African American mothers had lower breastfeeding rates that other US ethnic groups (Gorman et al., in Pak-Gorstein, Haq, & Graham, 2009, p. e13). The presence or lack of breastfeeding observed or experienced by mothers when they were growing up contributes to a mother's choice about breastfeeding. Acculturation, is another factor influencing breastfeeding. For example, closer examination of Hispanic mothers breastfeeding revealed that the those with a longer US residency were less likely to breastfeed exclusively (Harley, et al. in Pak-Gorstein, et al., 2009, p. 13).

Resource Article (continued)

For immigrants coming to the US, media and programs may inadvertently encourage the provision of mixed feedings rather than exclusive breastfeeding. For example, limited health education in native languages to define the benefits of exclusive breastfeeding combined with the availability of and advertisements for supplemental formula may appear to support or even encourage supplementing breastfeeding with formula. Religious and privacy values may also make the use of formula easier, especially in public places. Another factor may be past experiences or fears about undernutrition. These fears might influence the use of formula to supplement breastfeeding. Pak-Gronstein described one study reporting how Somali refugee immigrants received community and family pressure to keep their babies "chubby" which, over time, resulted is high corresponding rates of obesity (p. 16). One could imagine how this could go the other way too if there were concerns about future obesity. It is clear that past personal and family experiences around infant feeding and health can directly influence one's own and others' behaviors around infant feeding practices. Supporting families with realistic goals for their baby's weight gain is important for the baby and for his/her parents and caregivers.

Introduction of complementary foods is yet another complexity of infant feeding. The AAP recommends introducing complementary foods no earlier than 6 months of age. Not surprising, the introduction of complementary foods varies considerably by culture. First foods introduced include different variations of cereal, mashed potatoes, rice, banana, soups, yogurt, corn meal, mashed vegetables, fruits, meats, grains, and commercially produced jar foods. The manner in which these complementary foods are introduced varies also. Spoon feeding and sitting the baby in a highchair at or near a table may not be the norm. And encouraging self-feeding might not be regarded as an important developmental milestone. These too are important points to consider when working with families.

Moving on from breast or bottle to using a cup is another aspect of infant feeding influenced by culture. The AAP recommends breastfeeding for the first 12 months and introducing the cup around 6 months of age. If a baby is bottle fed, the AAP recommendation for bottle weaning is by 15 to 18 months. Concerns about iron deficiency anemia and compromised dental health become greater for children still nursing or using a bottle past 24 months of age. Yet, depending upon one's culture, upbringing, and past experiences continued use of a bottle until 3 or 4 years of age may not be considered uncommon or undesirable.

When supporting parents of very young children on child feeding practices it is important to practice cultural competence by working to reach a common understanding of the family's beliefs and values and to be open-minded to their culturally influenced practices. Asking insightful questions, such as the following, can help you understand the parent's perspective (Pak-Gorstein, et al., 2009, p. 16).

* "How did you feed your other children?"
* "How have other children in your family been fed?"
* "What are your plans about how and what to feed your baby in the next 2 months?"

Beyond gaining an empathetic understanding it is also important to invite and encourage further discussion and to share the benefits of feeding practices, such as breastfeeding, introduction of complementary foods, and bottle/breast weaning, so that families can make informed decisions about what is right for them and their child.

Pak-Gorstein, S. Haq, A., & Graham, E. A. (2009). Cultural influences on infant feeding practices. *Pediatrics in Review, 30*(3), 11-21. Retrieved from http://www.pncb.org/ptistore/resource/online_docs/pcc/33-

What do the data say?

Why do mothers discontinue breastfeeding?

The positive outcomes of breast feeding are widely recognized and published. In fact, the American Academy of Pediatrics recommends that mothers exclusively breastfeed their baby for the first 6 months and continue breastfeeding during the first year of the child's life with complementary foods.

The child benefits of breast feeding are associated with reduced hospital visits for respiratory related conditions such as pneumonia and asthma, fewer ear infections, less frequent stomach viruses and diarrhea, and reduced risk of becoming overweight during childhood (Li, Fein, Chen, & Grummer-Strawn, 2008). There are also benefits for the mother, such as faster weight loss after pregnancy, possible reduced rates of breast and ovarian cancer later in life, and according to the La Leche League International it can be a cost savings for the family. Beyond exclusive child and mother benefits there are the mother-child relational advantages and increased bonding opportunities which can have positive life long benefits.

Mothers certainty recognize the benefits and often strive to breastfeed their baby for the recommended duration. The 2015 Lansinoh Global Breastfeeding Survey reported that nearly 50% of women surveyed (N= 13,519) identified 6-12 months as the optimal duration for breastfeeding (Lansinoh, 2015). Drawing upon the results of the National Immunization Survey 55% of U.S. born babies in 2004 were breastfed at 3 months, and 42% were breastfed at 6 months, and at 12 months the percentage breastfed decreased to 21% (Li, Fein, Chen, & Grummer-Strawn, 2008). So why do mothers stop breast feeding?

Li and colleagues (2008) examined this question closer by analyzing the self-reported data from 1323 mothers participating in the Infant Feeding Practice Study II. By looking at these data by age of child the researchers identified the following top reasons mothers stop breast feeding by child age.

Top three reasons mothers stopped breastfeeding on or before the baby's second month.

1. "Baby had trouble sucking and latching on."
2. "Breast milk alone didn't satisfy my baby."
3. "I didn't have enough milk."

Top three reasons mothers discontinued breastfeeding when their baby was between 3 and 8 months of age.

1. Perception of the infant's lack of satisfaction by breast milk alone.
2. Mother concern about not producing enough milk for the baby.
3. "My baby lost interest in nursing or began to wean him/herself?"

Top three reasons mothers discontinuing breastfeeding at/near the baby's 9th month.

1. "Breast milk alone didn't satisfy my baby."
2. "My baby began to bite."
3. "My baby lost interest in nursing or began to wean him/herself."

Overall, the top rated reason mothers reported, regardless of the baby's age, was concern that the baby was not satisfied by the breast milk alone. These data can be helpful as early interventionists support families and help them work through questions and concerns regarding their baby and breastfeeding.

Li, R. ,Fein, S. B., chen, J., Grummer-Strawn, L. M. (2008) *Pediatrics, 122*(2),p. 69—76. Accessed from: http://pediatrics.aappublications.org/content/

Consultation Corner

From March through August 2016 we are excited to have Dr. Kay Toomey as our Consultation Corner expert. She will be helping us with:

What are key typical feeding milestones **and natural strategies to help infants/toddlers achieve those milestones?**

The best way for parents and caregivers to help infants and toddlers achieve the developmental feeding milestones discussed in the March 2016 newsletter is to let the child guide the feeding. This means that the adult needs to set aside all of their own stress, worries, fears, fatigue etc. and be able to fully be in the present moment with the baby. Once we, as adults, can fully focus on the infant, then we are able to pay closer attention to our baby's signals and cues about what they need. We are talking about being able to read an infant's subtle body cues to tell us what is going on with them so we can correctly judge how to make it better. Does the child cry because they are hungry or bored or tired or have a dirty diaper? If we do not read the baby's signals correctly, we will do the wrong intervention and the infant will not be happy. When we do read our baby's cues correctly, and then intervene appropriately, our child reinforces us as the caregiver for this by settling down, becoming calm and interactive, and/or resting quietly. Dr. Daniel Siegel (2001) refers to this ability to correctly read a baby's cues as the parental skill of *Attunement*. By being attuned and meeting the baby's needs, we are teaching them that we and the world are trustworthy.

Expanding this concept of *attunement* to feeding, Ellyn Satter (2000) talks about a concept she calls the "division of responsibility". At different stages of feeding, the baby has a job and the parent/ caregiver has a job. From Birth-to-4 Months, the infant's job is to get themselves physiologically regulated including moving onto a feeding schedule and controlling how much they eat. The caregiver's job is to decide how the baby will be fed (breast or bottle or both), and what the baby will be fed (breast milk or which formula). The parent also needs to be well attuned to understand when the baby needs to eat versus needing some help with a different physiological system.

This focus of the adult's on correctly reading the baby's physical cues continues into the introduction of baby food purees (5-6 months of age). We need to identify as the caregivers, whether our baby has stable enough head control when placed in sitting to keep the head steady for 3-5 seconds. If the infant can do this, then they are ready to try spoon feedings. Once we mix the first rice cereal/breast milk or formula mixture, we have to carefully watch to see how our baby responds. Did we make it thin and runny enough that the puree is similar to breast milk or formula from the spoon? Or, is our baby grimacing and possibly showing us that the mix is too thick or they are not sure about this new activity? During initial spoon feedings, the most important thing is for the adult to use a very happy face and voice to help their child know that this experience is going to be fun and enjoyable. Then the caregiver needs to give the baby just a taste of puree at first, by dipping the spoon in the thin mixture and letting most of it run off. The caregiver can then place the tip of the spoon on the outside border of their baby's lips. The adult needs to role model how to happily lick their lips and smack their lips up and down to get the taste into one's mouth. If the baby does this motion, gets the taste in and looks okay with it, then the parent can put a small taste just inside the lip borders.

Consultation Corner (continued)

If their baby does well with this experience, the parent can put a taste inside the baby's mouth onto the tip of the tongue. Always when feeding very young children, we need to use small volumes at first, making sure the child is handling that amount, and then slowly weaning up on the volumes while maintaining our own happy faces.

Very often babies make funny faces or seem confused or unsure when first experiencing being spoon fed. The adult's job is to role model what to do correctly and to maintain a big, happy face. As discussed in the last newsletter, after 6 months of age, eating is a learned behavior. The way children learn to eat is because their parents teach them how. It is important therefore, for parents/caregivers to come to the table thinking about themselves as teachers NOT dietitians. Baby foods are not about volume or vitamins or minerals. Baby foods and spoon feeding are all about developing a child's flavor palate and helping them begin to learn the mechanics of handling food versus fluid in their mouths. Caregiver's should think about every meal as a class in which they teach their baby (the student) how to happily and easily eat.

If a baby is having severe gagging or cries with the spoon, they are not ready for solids yet. The caregiver should give them a 2 week break and try again later. If their infant still reacts very adversely to the spoon feeding after this break and are older than 7 months of age, the parent may want to consult with a Feeding Therapist/Specialist.

This stage between 4 months and 8 months during which pureed foods are introduced, is known as the age of "Focalizing Attachment" (Lieberman and Birch, 1985). During this age and stage, the caregiver's job is to read the baby's cues and teach them the mechanics of spoon feeding. The infant's job is to manage the physical tasks of sitting up with stable head control, opening for the spoon, managing the puree in their mouths and swallowing with good control. If both the parent and child each do their jobs, they will be experiencing positive social reciprocity. Social reciprocity is when each person in a "give and take" interaction reinforces the other. The parent reinforces the infant by introducing the baby food slowly, by going at a steady slow pace and using happy facial and vocal expressions. The baby reinforces the caregiver by happily coming to midline, opening their mouth and managing the next bite at a steady pace. Therefore, spoon feeding is a great way to work on consolidating the attachment between the parent/caregiver and infant. This is the piece of spoon feeding that is being missed by proponents of Baby Led Weaning. Offering pureed foods is not about the volume. Pureed foods are about social reciprocity, building a flavor palate, increasing texture tolerance and consolidating attachment.

With the introduction of finger foods around 8-9 months of age and soft cubes (9-10 months), this watching of the baby's body language and teaching them how to eat continues (*attunement*). It is helpful to begin infant around 8 months of age on very hard Biter Biscuits. These foods teach the baby about having hard foods in their mouths and how to begin to move their tongue side-to-side voluntarily. A Biter Biscuit should be hard enough that the baby can't get a piece free. If it starts to get soggy, give the child a new Biter Biscuit. Around 9 months, small meltable foods (baby cereal puffs) and/or very meltable stick shaped foods (e.g. Calbee Snap Pea Crisps) are good first finger foods to introduce.

Consultation Corner (continued)

The adult needs to show the child how to correctly place the food in the mouth with one's finger and then to use the tongue to move the foods to the side, then to munch up and down on this food. Therefore, the best way an adult can support a child transitioning from one textured food to the next is to teach the child how to do the actual motions needed for the task through role modeling. The caregiver should be doing the correct oral-motor movements themselves with their mouth open so the baby can see inside the adult's mouth. Parental role modeling in this manner, along with social reinforcement through smiling and cooing, cheering, and giving praise is how children typically learn to eat well.

The baby will show the parent/caregiver when they are ready to move on to another type of food texture by being able to easily and happily manage the foods offered first without gagging a lot or grimacing. However, it is important to note that some gagging will occur as a child learns how to deal correctly with food pieces in their mouths. This is because in very young infants, their gag reflex is further out at the front of their mouths. As they begin to put their own fingers in their mouths, (and stick shaped toys, their parents' fingers, stick shaped "meltable" foods), the baby will push their gag reflex further back in their mouths to the back 1/3rd , which is where it belongs to be able to eat a textured table food diet.

When the caregiver sees that the infant is able to move a small piece of soft food to the back molar area with the tip and side of the tongue, they can introduce "soft mechanical" textured foods that require some chewing (e.g. pasta, lunch meat, vegetables with skins such as peas, mandarin oranges etc.). This stage from 8 months to 14 months is known as the age of "initiative and the balance of exploration and attachment" (Lieberman and Birch, 1985). At the beginning of this stage, the caregiver is doing most of the spoon feeding. However, around 12-14 months of age, the infant will shift to wanting to be more independent in feeding themselves more and more finger-type-foods.

From about 12/14 months to 16/18 months, children work on consolidating their basic skills of tongue tip lateralization and rotary chewing with larger and larger pieces of harder and harder to chew table foods. Around 15/16 months, the infants begin to learn how to manage foods that shatter in their mouths by developing a tongue sweeping, or bolus collection, skill. The child will now sweep their tongue throughout their mouth to gather up all the pieces of food and place them on the back molars as they are chewing.

Consultation Corner (continued)

Because the infant has become self-aware and is becoming more independent, the parent's job is to focus on teaching their child the mechanics of the task of eating textured foods versus trying to get their baby to eat more and more volumes. The caregiver should shift now into Co -Feeding with the baby. When co-feeding, the baby is putting foods in their own mouths while the caregiver watches carefully to see when they can get in a bite of food from the spoon. Over time, the child with be feeding themselves mostly and the adult will only be getting in an occasional bite of food from the spoon. The parent/caregiver needs to watch their baby carefully to see that he/she is mastering the oral skills of eating table foods and self feeding. If not, the caregiver then needs to continue to cut the child's food into smaller pieces, present softer or meltable foods in stick shapes and/or give small pieces of food to the child on a child's fork or cocktail fork. The parent/caregiver needs to provide the structure and boundaries within which their child will be able to freely explore new foods in a way that is physically manageable for their child WITHOUT engaging in power struggles.

The developmental stage from 18 months to 30 months is known by many as "the terrible two's". However, Lieberman and Birch (1985) talk about it as the age of "emerging internalization". Young babies learn that they are their own person with an opinion they can express and act on. They can say "no", "mine", "me do". Infants shift into being toddlers who are becoming their own independent person separate from their primary caregivers. Their job in feeding is to learn how to eat a wide range of textured table foods and begin to use utensils more efficiently. They may also decide to not eat what is offered because they are now aware of what does and does not work so well for their bodies. Or, they might decide to not eat at all as a way to express their independence and separateness from their parent. The caregiver's job is to give their child freedom to do this exploration within a structure of scheduled meals, not short-order cooking, family style serving, having a mealtime routine and not allowing their child to "food jag" (= eating the same food, prepared the same way over and over again).

Our next newsletter will address the issue of "picky eating" which becomes a problem for 50% of children in this stage from about 18 months to 2 ½ years of age.

Lieberman, A., & Birch, L. L. (1985). Interactional developmental approach. In D. Drotar (Ed.), *Failure to thrive* (pp. 259-277). New York: Plenum Press.

Satter, E. (2000). *Child of mine: Feeding with love and good sense*. Berkeley, CA: Bull Publishers. Distributed in the USA by Publishers Group West.

Siegel, D. (2001). Towards an interpersonal neurobiology of the developing mind: Attachment relationships, "mindsight" and neural integration. *Infant Mental Health Journal, 22*(1-2), 67-94.

On the WWW

Did you know Gerber.com provides useful information about breastfeeding, reading baby cues for hunger and fullness, nutrition, self-feeding, introducing foods, and more.

Gerber.com includes several articles for different ages of young eaters from birth through the preschool years. Each article provides helpful pointers such as tips about baby's nutritional needs, when to start feeding cereal, and different developmental milestones important for feeding growth and development.

For further fun there are different embedded quizzes about ages and stages of young eaters. You can test your knowledge about breast feeding, eating solid foods, and other useful topics. Different tools are also included, such as resources to track your baby's growth and meal planning. There is also a video library to facilitate watching and learning. Check it all out at www.gerber.com

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Supporting Families of Young Children with Feeding Challenges,* readers are invited to receive continuing education contact hours for reading the monthly KIT publications (March through July 2016) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in August 2016. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

KIT Newsletters are available online at **www.edis.army.mil**

Thank you for your continued interest in the KIT.

Consultation Corner Handout (Toomey, 2016)

STRATEGIES FOR HELPING INFANTS/TODDLERS TO LEARN TO EAT WELL
(Lieberman and Birch, 1985; Satter, 2000; Toomey, 2016)

0-4 Months = Regulation of Neurophysiological Systems

- Be attuned to your baby's signals. Do they need feeding or changing or sleep? Are they bored or overwhelmed? Do they need quiet or engagement?
- Respond correctly and your baby will reward you by calming, interacting, smiling. Respond correctly and you will teach your baby that the world is a trustworthy place.
- The Parent/Caregiver decides what their baby is fed – a). breast or bottle, b). breast milk or formula in the bottle.
- The baby decides when he/she is hungry and how much to eat.
- The Caregiver/Parent helps to shape the infant onto a regulated feeding schedule by watching their Baby's signals carefully.

4-8 Months = Focalization of Attachment

- Engage in Social Reciprocity activities such as peek-a-boo and spoon feeding.
- Encourage your Baby to reach for objects and to put them in their mouths (e.g. their fingers, your fingers, baby teething toys).
- Wait until the Baby can hold their head up steadily in sitting for 3-5 seconds before beginning spoon feeding.
- Use an Infant Feeding Chair that allows the Baby to be tilted back slightly.
- Offer ONLY tastes of a thin mix of cereal mixed with breast milk or formula at first.
- Introduce the infant spoon slowly beginning on the lips, then inside the lips, then inside the mouth.
- Adults should use a big happy face and voice. Role model smacking the lips together, saying "mmmm-a".
- Taste the foods yourself and happily lick your lips saying "mm-mm".
- Give the Baby a 2 week break if he/she doesn't seem ready.
- Treat every meal as a teaching opportunity. The Parent/Caregiver is the teacher. The Baby is the student and food is the subject.
- Focus on the pleasure of the experience NOT the volume.
- Introduce a wide variety of pureed foods in this age range. Spoon feeding and pureed foods are about building a flavor palate, increasing tolerance of textures and socialization NOT volume consumed.
- Introduce each new food for 3 days in a row to test for the infant's tolerance for that food.
- Once the Baby has 2 foods he/she is safe to eat, begin offering BOTH flavors during each spoon feeding.
- Once the Baby has 3 foods he/she is not allergic to, begin changing up which 2 flavors are offered at each spoon feeding.
- Once the Baby has tried 8 different foods, offer 2 different flavors at each spoon feeding across 2 full days.
- Once the Baby has tried 12 different foods, offer 3 flavors at each spoon feeding across 2 full days.

Consultation Corner Handout (Toomey, 2016)

8-14 Months = Initiative and the Balance of Exploration and Attachment

- Encourage your Baby to explore their world by crawling and cruising and walking.
- Around 8 months, introduce extremely hard **Baby Biter Biscuits** for the Baby to explore in their mouths. They should NOT be able to get a piece of this food free. If this food begins to melt away, give them a new biscuit.
- Around 8 months, introduce the **Sipper Cup** (e.g. the Tilty Cup) with water. As soon as the Baby manages the water well, begin to introduce breast milk or formula into the cup.
- At each solids feeding, now offer at least 2 pureed foods (different flavors) and a Baby Biter Biscuit and the cup.
- When the Baby starts to pull themselves forward in the Infant Feeding Chair, change them to a **High Chair** (usually around 9 months). Make sure to adjust their seating arrangement in the High Chair so their knees drop over the front edge of the seat at a 90 degree angle. Their feet should be able to rest flat on the food rest, also at a 90 degree angle. Their hips should be at a 90 degree angle as well, so this usually means putting some type of cushion behind them (or hard foam rectangle).
- Once the Baby is seen to move their tongue side to side, introduce **"meltable" foods** such as Baby Cereal Puffs and stick shaped "meltable" foods such as Baby MumMums, Veggie Straws, or Snap Pea Crisps (9-10 months). Meltable foods dissolve in one's saliva very quickly.
- The Parent/Caregiver still needs to role model with their mouth OPEN how to correctly manage any food in the mouth.
- Parent/Caregiver needs to maintain a happy face and voice while role modeling.
- Now offer at least 2 pureed foods and 1 "meltable" food (~ 9 months). The Baby may no longer want the Baby Biter Biscuit so they can be discontinued.
- Once the Baby can move a "meltable" piece of food backwards in the mouth to the molar area (it doesn't matter that they don't have actual molars), introduce **Soft Cubes** of food (e.g. very boiled carrots or sweet potatoes, banana cubes, cooked pear cubes, baby meat sticks, very soft tofu, very soft avocado, fruit bread cubes). Soft Cubes are foods that are so soft they can be mashed into a puree by squishing the food with the tongue into the roof of the mouth (10-11 months).
- Once the Baby consistently can move the Soft Cubes to the back molar area, introduce **Soft Mechanical foods** (11-12 months). These are foods that require some chewing and can't just be smashed into the palate, such as pastas, lunch meat, peas, corn, small white beans, strawberries, raspberries, green beans, lentils, mild white fish, rice etc.
- Between 12 and 14 months, as children become self-aware, the Parent/Caregiver needs to let the baby feed themselves more and more.
- The Parent/Caregiver should change to where they are **"Co-Feeding"** their baby versus doing all of the feeding to the child. Co-Feeding involves the child putting some foods in their own mouths while the adult intermittently spoon feeds them. The Parent/Caregiver needs to watch the Baby's signals carefully for when to spoon feed and when to let the Baby feed themselves.
- At 12 months, begin **slowly weaning** from the breast or bottle by once-a-month replacing one breast/bottle feeding with a solids meal + cup. This process takes until around 16 months to complete.

Consultation Corner Handout (Toomey, 2016)

14-18 Months = Shifting Feeding Responsibility

- The Toddler now takes over most of the self feeding and the Parent/Caregiver needs to shift into providing more of the structure and encouragement versus being the primary feeder.
- Parent/Caregiver needs to offer **small,** cut up pieces of table foods that are harder to chew or that shatter/scatter in the mouth (e.g. cubes of chicken, different types of bread, Saltine crackers, Goldfish crackers, mixed texture pastas such as lasagna, cooked broccoli, hard cheeses, shredded chicken, pulled pork, rice and beans)
- Toddlers go through a shift in their flavor perception from tastes being primarily processed in the back of the mouth to now being predominantly processed in the front of the mouth. This means they no longer want simple, single flavors. They want flavors that are more sophisticated and similar to what an adult would eat.
- Offer toddlers whatever the family is eating, in the appropriately small and soft sized pieces.
- Some toddlers will give up purees altogether for a short time because they no longer want to have the baby food purees due to the boring flavors and because being spoon fed by other people is uncomfortable once we become self aware. However, the Parent/Caregiver should continue to offer purees, but now role model how to use the puree as a dip for other foods. Think about offering table food purees as dips.
- Toddlers should be offered a wide variety of flavors in the cup, and they should be weaning from the breast or bottle providing the majority of their calories.
- Offer water in between meals/snacks. Offer milk at most meals/snacks. However, it is okay to offer about 2 ounces of juice once a day to help expand a toddler's flavor palate.
- The toddler should be brought up to the Family Table in this age range. They should also be transitioned to an adjustable wooden feeding chair and out of the high chair. Make sure that they are sitting in a 90-90-90 position; hips, knees and ankles.
- Many toddler's do best if their meals/snacks are staged. "Staging the Meal" involves offering the child 2 foods and letting them eating those. When they are done with or tired of those 2 foods, give them 2 more foods. This will help re-engage their short attention spans and encourage them to keep eating. They can be offered the cup with milk next. When they tired of the second 2 foods and cup, offer them 2 more foods. The total number of foods is about 6.
- At each solids feeding, offer at least one food that is a protein, one that is a starch/grain, one food that is a vegetable and one that is a fruit (total = 4). The additional 2 foods are ones that the Parent wants the toddler to learn about or ones that they know are favorites for their child.
- Offer only 1-2 tablespoons at a time of the 6 different foods. Don't overwhelm them with too much volume or too many pieces all at once.