

# Compact Advice

## Introduction of solids: When, what and how?



### Introduction of complementary food:

Complementary breastfeeding/formula feeding during the introduction of solids. If possible, mothers should continue to breastfeed/formula feed even after they have introduced solids into their baby's diet.

### Starting with complementary food:

Solids should be introduced between the ages of 4 months at the earliest and 6 months at the latest.<sup>1</sup>

Whether the time is right is not determined by their age, but by their **individual development**:

- The baby can sit upright when supported.
- The baby can hold their head on their own.
- The baby shows an interest in eating (opening their mouth).
- The baby is often still hungry after their milk/formula feed.<sup>2</sup>

### Procedure for introducing solids (according to the FKE feeding plan\*):<sup>2</sup>

Every month, one milk/formula feed is replaced by a solid meal.

The nutrients of these solid meals complement the remaining milk/formula feeds, making for a balanced diet.

- ① **A meal with vegetables, potatoes & meat** provides readily available iron and zinc.
- ② **A milk cereal meal** provides minerals (especially calcium).
- ③ **A fruit and cereal meal** provides further vitamins.



A **varied** weaning diet promotes the acceptance of foods and should be the goal (different types of pureed vegetables and fruits, small amounts of pureed pasta for lunch & once a week fish).<sup>2</sup>

Practice shows that new foods might only be accepted after **offering them several times**. For an unfamiliar food to be accepted, a child must be given at least 10 opportunities to try it.<sup>3</sup> This way, the child gets to know the taste of the food and, over time, learns to like it.

**Important rule when feeding children:** Parents should provide a varied, nutritious diet and **the children decide how much** of the food they want to eat. Children show signs of hunger and satiety that parents should pay attention to. A varying appetite from one day to another is normal.<sup>4</sup>

\*FKE = Forschungsdepartment Kinderernährung (Research Institute of Child Nutrition)

- The feeding plan also applies to children at an increased **allergy risk**. Avoiding certain allergenic foods or introducing them at a later point does not protect babies from developing allergies.<sup>1</sup>
- It is advisable to start with small amounts of **gluten-containing grains** and gradually increase the amount to test a child's tolerance. According to the latest scientific findings, an infant's diet does not have any influence on the risk of developing coeliac disease.<sup>7</sup>
- Attention should be paid to the **iron and iodine intake** from the weaning diet. The best source of iron is meat, but cereals such as oats or amaranth are also good sources of iron. The consumption of vitamin C-rich fruits after a vegetarian meal promotes iron absorption.<sup>2</sup> Sea fish and follow-on formula (e.g. in milk cereal) improve the iodine uptake.

### Trend in complementary feeding: Baby-led weaning

- Definition: The infant is feeding themselves with chunks of food (finger food) instead of being fed puree.
- Due to the **low energy density** and **small quantities consumed**, there is a risk of insufficient nutrient and energy supply.
- Experts therefore agree: Solids should be introduced in accordance with the proven and safe feeding plan of the FKE. However, the pureed meals can be supplemented with finger food.<sup>5</sup>

### Beverages

- Once the third weaning meal has been introduced, the infant needs additional fluids (200 ml/day).<sup>1</sup>
- Drinking water, unsweetened tea<sup>1,4</sup>
- From 7 months, drinking from a cup should be practised.

### Cow's milk in the first year of life

- Only in small quantities as part of their weaning diet (max. 200 ml, e.g. in milk cereals)
- To supplement sandwiches towards the end of the 1<sup>st</sup> year of life, from a cup<sup>1</sup>
- Growing-up milk has a child-appropriate protein content and improves the intake of critical nutrients throughout toddlerhood.<sup>6</sup>

[hcp.hipp.com](http://hcp.hipp.com)

#### References:

1 Koletzko B et al. Ernährung und Bewegung von Säuglingen und stillenden Frauen. Monatsschr Kinderheilkd 2020; (Suppl 5): 164:433-457 · 2 Hilbig A et al. Einführung und Zusammensetzung der Beikost. Monatsschr Kinderheilkd 2012;160:1089-1095 · 3 [www.richtigessenvonanfangen.at](http://www.richtigessenvonanfangen.at), Babys erstes Löffelchen, Januar 2020 · 4 Forschungsdepartment Kinderernährung. Empfehlungen für die Ernährung von Säuglingen. 2019 · 5 Hilbig A et al. Beikost in Form von Breimahlzeiten oder Fingerfood. Monatsschr Kinderheilkd 2014; 162:616-622 · 6 Böhles et al. Zusammensetzung und Gebrauch von Milchgetränken für Kleinkinder. Monatsschr Kinderheilkd 2011; 159:981-984 · 7 Szajewska H et al. Gluten Introduction and the Risk of Coeliac Disease: A Position Paper by the ESPGHAN. JPGN 2016; 62(3):507-513



A HiPP service for medical professionals