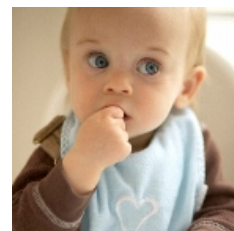




# Working Together: Breastfeeding and Solid Foods

Breastfeeding, like many other aspects of parenting, is a gradual process of increasing independence and self-mastery on your baby's part and a gradual stepping back on yours. You may have already experienced the beginnings of this process during the first half year of life as your baby learned to enjoy drinking expressed breast milk from a bottle or cup and you began to go places without her. Still, the two of you were closely tied to each other in a nutritional sense: your child thrived on your breast milk alone, which provided the nutrients she needed.



During the second half of the year, your breast milk will continue to provide the great majority of necessary nutrients as she starts to sample a variety of new foods. Though your baby will no doubt greatly enjoy the introduction of new tastes and textures in her life, her experiences with solid food are still just practice sessions for the future. It's important to make sure she continues getting enough breast milk to meet her nutritional needs.

## Introducing foods

The American Academy of Pediatrics recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire. Check with your child's doctor about vitamin D and iron supplements during the first year.

Parents with food allergies are often advised to avoid foods that commonly cause allergic reactions (such as cow's milk, dairy products, and foods made from peanuts or other nuts). But recent research found that the late introduction of certain foods may actually increase your baby's risk for food allergies and inhaled allergies. You should discuss any concerns with your pediatrician.

If no allergies are present, simply observe your baby for indications that she is interested in trying new foods and then start to introduce them gradually, one by one. Signs that the older baby is ready for solids include sitting up with minimal support, showing good head control, trying to grab food off your plate, or turning her head to refuse food when she is not hungry. Your baby may be ready for solids if she continues to act hungry after breastfeeding. The loss of the tongue-thrusting reflex that causes food to be pushed out of her mouth is another indication that she's ready to expand her taste experience.

## First foods

Since most breastfeeding babies' iron stores begin to diminish at about six months, good first choices for solids are those rich in iron. Current recommendations are that meats, such as turkey, chicken, and beef, should be added as one of the first solids to the breastfed infant's diet. Meats are good sources of high-quality protein, iron, and zinc and provide greater nutritional value than cereals, fruits, or vegetables.

Iron-fortified infant cereal (such as rice cereal or oatmeal) is another good solid food to complement breast milk. When first starting infant cereal, check the label to make sure that the cereal is a single-ingredient product—that is, rice cereal or oatmeal—and does not contain added fruit, milk or yogurt solids, or infant formula. This will decrease the likelihood of an allergic reaction with the initial cereal feedings. You can mix the cereal with your breast milk, water, or formula (if you've already introduced formula to your baby) until it is a thin consistency. As your baby gets used to the taste and texture, you can gradually make it thicker and increase the amount.

Once your child has grown accustomed to these new tastes, gradually expand her choices with applesauce, pears, peaches, bananas, or other mashed or strained fruit, and such vegetables as cooked carrots, peas, and sweet potatoes. Introduce only one new food at a time and wait several days before you add another new food, to make sure your child does not have a negative reaction.

As you learn which foods your baby enjoys and which ones she clearly dislikes, your feeding relationship will grow beyond nursing to a more complex interaction—not a replacement for breastfeeding, certainly, but an interesting addition to it. Remember to keep exposing your baby to a wide variety of foods. Research indicates that some babies

need multiple exposures to a new taste before they learn to enjoy it. The breastfed baby has already been experiencing different flavors in the mother's breast milk, based upon her diet, so solid foods often have a familiar taste when introduced to the breastfed baby. [Back to Top](#)

Babies need only a few spoonfuls as they begin solids. Since these first foods are intended as complements and not replacements for your breast milk, it's best to offer them after a late afternoon or evening feeding, when your milk supply is apt to be at its lowest and your baby may still be hungry.

Some pediatricians recommend an iron supplement. If this is the case, be careful to give the exact dose prescribed by your doctor. Always store iron and vitamin preparations out of the reach of young children in the household, since overdoses can be toxic.

You may find that the number of breastfeedings will gradually decrease as her consumption of solid food increases. A baby who nursed every two to three hours during early infancy may enjoy three or four meals of breast milk per day (along with several snacks) by her twelfth month.

Unless you intend to wean her soon, be sure to continue breastfeeding whenever she desires, to ensure your continuing milk supply. To ease breast discomfort, it may become necessary to express a small amount of milk manually on occasion, if her decreasing demand leaves you with an oversupply. Breast comfort is another reason why a gradual introduction of solid foods is advisable, since it allows your body time to adapt to changing demands. Over the span of several months, a readjustment in the supply-and-demand relationship can take place smoothly and painlessly.

**Last Updated** 2/23/2012

**Source** Adapted from New Mother's Guide to Breastfeeding, 2nd Edition (Copyright © 2011 American Academy of Pediatrics)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.