

From milk to more

Introducing foods to your baby



ACT
Government

**Canberra Health
Services**

health.act.gov.au

Accessibility

The ACT Government is committed to making its information, services, events and venues as accessible as possible.

If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format such as large print, please phone 13 22 81 or email HealthACT@act.gov.au

If you are deaf, or have a speech or hearing impairment and need the teletypewriter service, please phone 13 36 77 and ask for 13 22 81.

For speak and listen users, please phone 1300 555 727 and ask for 13 22 81. For more information on these services visit www.relayservice.com.au



If English is not your first language and you require a translating and interpreting service, please phone Canberra Connect on 13 22 81.

© Australian Capital Territory, Canberra,
January 2020

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without written permission from the Territory Records Office, ACT Government, GPO Box 158, Canberra City ACT 2601.

Enquiries about this publication should be directed to Health Directorate, Government and Communications Branch, GPO Box 825, Canberra City ACT 2601 or email Healthcomms@act.gov.au

www.health.act.gov.au | www.act.gov.au

Enquiries: Canberra 13ACT1 or 13 22 81 | Publication No 18/XXXX

Contents

Introduction	4	Travelling through textures.....	11
Positive mealtimes.....	4	Spreads	12
When to start solids	4	Drinks.....	12
How do I know when my baby is ready to start solids?	4	Types of drinks.....	12
Breast Milk / Formula		Water.....	12
Giving your baby solids.....	5	Fruit juice	12
Support your baby in a high chair	5	Cow's milk.....	12
Ideal position for eating	5	Soy milk	13
How do I give my baby solids?	6	Other 'milks'	13
Food exploration and play	6	Unsuitable drinks for children under 12 months:	13
Around 6 months:		From breast/bottle to cups.....	13
What food to offer?	7	Food allergies.....	14
Preparing your baby's first foods	7	How do I prevent food allergies?	14
Finger Foods.....	8	What if my baby reacts to a food?.....	14
Alternative Methods of Introducing Solids.....	8	Picky eaters	14
Food safety for your baby	9	Red flags for 'picky' or 'fussy' eating, and what to do about them.....	14
Lowering the risk of choking:.....	9	Ideas to help with 'picky' or 'fussy' eating	14
To reduce the risk of food borne illness:	9	When should I see a dietitian?	15
7-9 months: Progressing to thicker, lumpier textures.....	9	Further information.....	16
Gagging	9	Bibliography.....	16
A typical day	10		
9-12 Months: Moving towards family foods	11		
A typical day	11		

Introduction

Starting solid food is an important milestone in your baby's life. This resource provides you with practical, easy to follow information about introducing solid foods and progressing towards family meals.

The information presented in this resource represents best practice and is up-to-date at the time of publication. It is a guide only; there are no hard and fast rules about introducing first foods. Babies develop at different rates, so observe your baby and let them guide you.

Speak with your Maternal and Child Health (MACH) nurse, General Practitioner (GP) or Dietitian if you would like individual advice about your baby's diet.

Positive mealtimes

"When the joy goes out of eating, nutrition suffers"

(Ellyn Satter dietitian & family therapist)

Promoting positive experiences at meal times will help your baby develop good food habits and feel good about eating.

Aim for a meal that is **relaxed** and **calm**, because your baby's appetite will 'switch off' when they feel stressed or pressured.

Babies enjoy eating with others, just like older children and adults. Eating with your baby and/or bringing your baby to the table when you eat helps them to learn about food.

Recognising and responding to your baby's cues will help create a relaxed, happy eating experience. If your baby closes their lips tightly, pushes food away, or turns their head away they are letting you know they have had enough food or that they are not ready to eat.

As the parent or carer, your role is to decide:

- WHAT food is offered
- WHEN food is offered
- WHERE food is offered

It is your child's role to decide:

- WHETHER to eat the food that is offered
- HOW much to eat

For more information about encouraging a healthy relationship with food, visit the Ellyn Satter website: www.ellynsatterinstitute.org/

When to start solids

Your baby is ready **around 6 months of age, but not before 4 months**. Around this time, start introducing a variety of solid foods, starting with iron rich foods (see page 7).

Reasons NOT to introduce solids before 4 months of age:

- Breast milk or infant formula provides all the nutrition your baby needs at this time.
- Your baby's digestive system, immune system and kidneys are less mature and not ready to handle solid food.
- Studies have found an increased risk of allergies when solids are introduced before 4 months.
- Your baby's chewing and swallowing is unlikely to be coordinated enough to manage solid food.

More information on allergies and introducing solids is available on page 14 of this resource, and on the *How to Introduce Solid Foods* factsheet on the Australasian Society of Clinical Immunology (ASCI) website.

How do I know when my baby is ready to start solids?

Your baby may be ready to start solids if they are older than 4 months AND they are doing the following:

- Holding their head up without support
- Sitting with support
- Showing interest when others are eating
- reach for food and watch food from plate to mouth
- Showing awareness of their hands and fingers, so they can participate in feeding
- Opening their mouth when food approaches
- Taking most of the food into their mouth without their tongue pushing it out.

If your baby's tongue pushes all the food out, they may not be ready. Try again in a week or so.

Giving your baby solids

In the early stages, solid foods provide your baby with an opportunity to explore new flavours and textures. The amount of food your baby eats will vary, and increasing variety is more important than increasing the amount at this stage. Focus on keeping eating times enjoyable for you and your baby.



Support your baby in a high chair

Your baby is more likely to accept new foods if they feel supported and stable in their feeding chair. Ideally, feeding chairs should have:

- a 5-point adjustable harness to safely secure your baby in the chair. To meet Australian Safety Standards the restraint harness should go over your baby's shoulders, round their waist and between their legs
- a high back which supports your baby in an upright position
- an adjustable seat/tray height—your baby should be able to comfortably rest their arms on the chair tray
- an adjustable foot rest—your baby's feet should be able to touch and rest on a firm surface.

Ideal position for eating

Ideally, your baby should be seated/positioned in their high chair similar to the diagram below, with hips, knees and elbows at 90 degrees and with their feet resting on a firm surface.

Ensure that your baby is stable and secure in their chair and that they are ready for eating. Your baby can be stabilised in their high chair by padding the back and sides of the chair with foam cushions or folded /rolled up hand towels. If you need extra guidance about your baby's head and trunk/torso control, you may like to talk to a paediatric physiotherapist or occupational therapist – ask your GP, Maternal and Child Health (MACH) nurse, or dietitian on how to contact your local service.

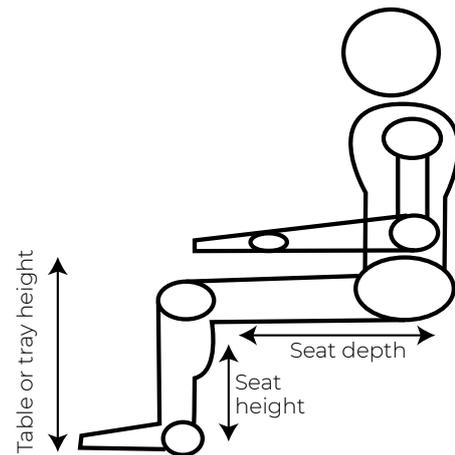


Diagram taken from *SENSE-ational Mealtimes*, 2013, used with permission of Griffiths & Stapleton,

www.sense-ationalmealtimes.com.au

How do I give my baby solids?

- Choose a time of the day when your baby is **quiet, relaxed and not too tired**.
- You may wish to have a supportive person with you.
- Ensure your baby is in a **secure sitting position**.
- Start by offering solid food after a breast or bottle feed, or between feeds.
- Start by offering your baby solid foods once a day.
- Introduce **nutritious foods that your family usually eat**.
- Use a **small, soft, shallow spoon** with smooth edges.
- Start with 1 teaspoon and increase gradually according to your baby's appetite.
- Consider offering foods separately initially so that your baby can enjoy the individual flavour of each food.
- When your baby is managing around 2 to 4 tablespoons of food, you can offer solid food at a second occasion and then at a third, so they are eventually eating three times a day.
- If your baby rejects a food, continue to offer it regularly. It can take 10 to 15 tastes before a baby will learn to like some foods.

- Your baby might turn away from the spoon, push the spoon away or close their mouth when they see a spoon of food coming. Respect your baby's efforts to let you know when they have had enough.
- **Throw out any uneaten food** left on your baby's plate. Do not store or reheat the food.



Food exploration and play

Your baby should be able to see and reach the food you are offering them. Encourage your baby to hold a spoon, pick up food with their hands and feed themselves. Touching and playing with their food helps them to understand the properties of that food, such as its texture or temperature. It helps them to feel safe and happy about trying that food. It may be messy, but it is important to allow your baby to practice their eating skills in a supportive and calm environment.



Around 6 months: What food to offer?

- Foods can be introduced in any order. It is a good idea to start with iron rich foods, such as iron fortified infant cereal, well-cooked soft pureed meat, pureed legumes (chickpeas, lentils, kidney beans etc), pureed/mashed plain cooked tofu, and/or well mashed cooked (not raw or runny) egg.
- To reduce the risk of food allergy, offer common allergenic foods including smooth peanut butter, cooked egg, dairy and wheat products **in the first year of life**. This includes babies at high risk of allergy (see page 14).
- Select food familiar to your family and culture.
- Consider introducing one new food each day, or at a rate that suits your baby. If you are concerned about potential allergic reactions, you could consider introducing new foods earlier in the day.
- Pureed or finely mashed cooked fruits and vegetables may also be offered.
- If starting with smooth, pureed food, aim to move to a 'lumpier' texture within a few weeks, so that your baby gains experience with different food textures.
- If using commercially prepared first foods, consider pouring into a bowl so that you and your baby can see what is being offered. This will encourage your baby to explore and learn about new foods through their sense of smell and sight.

Some early food ideas (around 6 months)

Grains	• baby cereal, porridge, wheat biscuit cereal, toast fingers.
--------	---

Vegetables	• soft cooked pumpkin, sweet potato, carrot, zucchini, broccoli, avocado
------------	--

Fruit	• soft cooked apple, pear, peach, ripe banana
-------	---

Meat and Alternatives	• pureed lamb, beef, veal, chicken, fish, legumes, egg, tofu, nut butter
-----------------------	--

Dairy	• plain yoghurt, cheese, custard, cow's milk on cereal or soy alternatives
-------	--

Preparing your baby's first foods

- Always wash your hands before preparing or handling food for your baby.
- Wash feeding utensils in hot soapy water and rinse well—it is not necessary to sterilise them.
- Puree or mash cooked fruit and vegetables using a sieve, fork or blender.
- Prepare small amounts of food, refrigerate and use within 48 hours, or prepare larger amounts and freeze in ice cube trays.
 - » When frozen, remove from the tray and store covered in the freezer for up to one month.
 - » Thaw individual cubes as needed.
 - » Thaw/heat food in a microwave oven or in a saucepan on the stove.
- Mix iron fortified infant cereal with breast milk, formula, or cooled boiled water to a smooth consistency.
- Avoid adding salt, sugar and honey to your baby's food.

Helpful tip: Always stir food well and then check the temperature of the food (by tasting with a separate spoon) before giving it to your baby.



Finger Foods

You can offer your baby finger foods from 6 months of age. This can be useful if your baby is less interested in feeding from a spoon.

Choose softer foods to start with and move onto firmer textures as your baby grows. Small, hard foods can be a choking risk—steam harder vegetables and fruits until they are soft. For more information on food safety and ways to help prevent choking, see page 9.

Alternative Methods of Introducing Solids

Baby Led Weaning (BLW) is becoming a popular way of introducing food to babies by letting them feed themselves from six months of age. Finger foods that are safe to chew and easy for your baby to hold are offered first. Purees and spoon feeding are usually avoided. BLW is **NOT** recommended before 6 months of age and is not recommended for premature infants or infants with a developmental delay.

Canberra Health Services does NOT currently recommend BLW as the standard approach for introducing solids to babies. There is currently not enough evidence on its safety and more research is needed on its effect on a baby's iron status, growth and the risk of choking. If you would like more information, please contact your Maternal and Child Health (MACH) nurse, Dietitian or Speech Pathologist.

FINGER FOODS

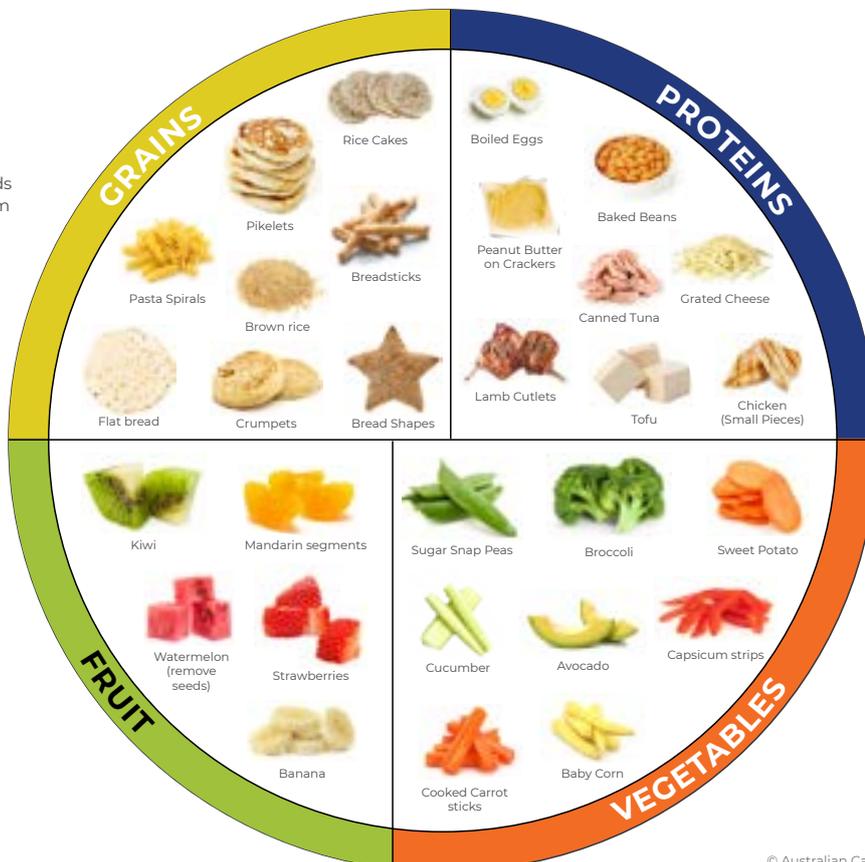


Choose a variety of foods of different colours from each food group

Cut meat and chicken into small pieces

Always supervise your child while they eat

Small, hard pieces of food can cause choking. Lightly steam vegetables and hard fruits so they are soft



Food safety for your baby

Lowering the risk of choking:

Young children under 4 years of age are particularly at risk of choking because their back teeth, which are used to chew and grind lumps of food into small pieces, have not completely developed. The food they swallow is therefore in larger pieces. If it 'goes down the wrong way' it is more likely to block their airway causing them to choke. **If your child is choking or having trouble breathing, call an ambulance immediately.**

To make eating safer for your child who is under 4 years:

- Avoid foods that can break off into hard pieces.
- Avoid popcorn, nuts (whole or crushed), hard lollies, corn chips and other small, hard foods.
- Avoid raw carrot, celery sticks and apple pieces—these foods should be grated, cooked or mashed.
- Remove tough skins from fruit (e.g. grapes and cherry tomatoes) and chop into quarters or halves.
- Cut meat, chicken, sausages and frankfurts lengthwise into smaller pieces; tough skins on frankfurts and other sausages should be removed.
- Check fish carefully for bones and remove if present.
- Always stay with your child and supervise them while they eat.
- Always sit children down to eat.
- Encourage children to eat slowly and chew well.
- Encourage children to feed themselves.
- Try not to rush your child, and avoid pressuring or coaxing/bribing your child to eat.

For more information on managing choking please visit www.rch.org.au/kidsinfo/fact_sheets/Safety_Choking_suffocation_strangulation/

You may also like to consider a first aid course by a local provider if you would like to know more on managing choking incidents.

To reduce the risk of food borne illness:

- Avoid raw and runny cooked egg due to salmonella poisoning risk.
- Cook all chicken, fish and meats well.
- Avoid giving your child honey until they are 12 months of age to reduce the risk of botulism.

7-9 months: Progressing to thicker, lumpier textures

Increase and vary the textures and types of foods you offer to your baby.

Most babies can make definite chewing movements, even though some may not have teeth.

By 7-9 months most babies can hold a spoon and may enjoy learning how to feed themselves. Many babies also enjoy picking up food in their hands and self-feeding this way. Even though it may be messy, it is very important that you allow your baby to practise these skills.

Gagging

When introducing lumpier textures, your baby may spit the food out or gag the first few times. Gagging is a normal part of learning to eat and usually frightens parents more than the baby. **Try not to react too much. Be reassuring,** give your baby time to recover and offer more food when they are ready. If they do not want to eat any more at that meal, stop feeding and try at another time.

Note: Gagging is different to choking. Gagging is a natural safety reflex that helps prevent choking. Your baby will make retching noises if they are gagging. Refer to page 9 for more information on ways to help prevent choking.



Please note: Delaying the introduction of lumpy, textured foods that require chewing may lead to feeding and speech problems when your baby is older. Be sure to provide a variety of textures and include vegetables, fruit, dairy, cereals/grains and meats in your baby's diet.

A typical day

By 7-9 months, your baby should be enjoying a range of foods and having a few solid meals each day. Their daily routine may look something like this.

Early morning	• Breast milk or formula feed
Breakfast	• Baby cereal or wheat biscuit cereal mixed with breast milk or formula • Toast, lightly spread with butter or margarine • Soft fruit • Water from a cup
Mid-morning	• Breast milk or formula and playtime with finger food
Lunch	• Minced/mashed meat, chicken, fish or legumes with mashed or chopped soft vegetables • Water from a cup
Mid-afternoon	• Breast milk or formula and playtime with finger food
Dinner	• Family meal, or similar meal to lunch • Water from a cup
Before bed	• Breast milk or formula feed

Note: Some babies may be having more than four breast or formula feeds at this stage.

9-12 months: Moving towards family foods

From 9 months of age, solids are becoming more important than breast milk or formula in your baby's diet. The number of milk feeds a baby has will vary at this age.

Your baby should be moving towards eating family foods and eating a range of foods varying in textures and flavour. Most babies will be eating three meals a day. The number of snacks eaten will depend on your baby's sleep routine.

Your baby is becoming more independent and may want to be more involved in their feeding. Continue to encourage your baby to use their hands to feed themselves.

Helpful tip: Consider offering food before breastmilk/formula feeds between 9-12 months of age, or earlier if they show little interest in solids, as your baby transitions towards family meals.



A typical day

By 9–12 months, your baby's daily routine may look something like this:

Early morning	• Breast milk or formula feed
Breakfast	• Wheat biscuit cereal mixed with cow's milk • Toast with spread • Water from a cup
Mid-morning	• Diced fruit • Water from a cup
Lunch	• Cut-up soft meat, chicken, fish or legumes with chopped soft vegetables or sandwich cut into pieces • Water from a cup • Breast or formula feed
Mid-afternoon	• Chopped tomato, cucumber, cheese and crackers • Water from a cup
Dinner	• Family meal – cut into pieces • Fruit and yoghurt • Water from a cup
Before bed	• Breast milk or formula feed

Note: Some babies may be having more than three breast or formula feeds at this stage.

Travelling through textures

Introducing solids

Travelling through tastes and textures



Canberra Health Services

Start when your baby is ready

Eat with your child

Let baby decide how much to eat

Offer a variety of foods and textures



You decide:

- **what** food is offered
- **when** food is offered
- **where** food is offered
- to keep meal times calm and pleasant.

Your child decides:

- **how much** they eat
- **whether** they eat the food offered.

Visit health.act.gov.au/nutrition for more information

The 'travelling through tastes and textures train' can help you support your baby's progression to family foods. It is intended as a guide only—every infant will progress through textures differently.

Spreads

Once your baby is eating bread, toast and crackers you may want to add a spread. Some spreads offer important nutrients, while others offer very little. The following table will help you choose the most suitable spreads for your baby.

Spreads: Recommended	
Cream cheese, ricotta, cottage cheese	A source of protein
Hummus (chickpea spread)	A good source of protein and iron, use as a dip or spread
Smooth unsalted peanut butter (and other nut butters)	A good source of protein and iron
Tahini (sesame paste)	A source of calcium and healthy fats
Spreads: Use sparingly	
Yeast spreads (e.g. Vegemite)	A good source of B vitamins High in salt – spread thinly
Margarine and butter	Use sparingly (unless otherwise advised)
Chocolate spread	High in sugar and fat – avoid or use sparingly
Jam	Very high in sugar – can be included sometimes
Spreads: NOT Recommended	
Honey	Risk of food poisoning (Botulism) in infants under 12 months of age High in sugar
Pâté	Too high in Vitamin A for infants under 12 months of age



Drinks

Types of drinks

Breast Milk / Formula

- Continue while introducing solids and until at least 12 months of age
- Can be continued as long as you and your baby wish.

Water

- Offer your baby boiled then cooled tap water as a drink from around the time your baby starts solids. Offer this from a cup.
- After 12 months, you can offer your baby tap water without boiling it first.
- Tap water contains fluoride which helps reduce the risk of tooth decay. Discuss with your dentist if you are using or considering bottled or rain water.

Fruit juice

- Fruit juice is not recommended for babies under 12 months of age.
- After 12 months, small amounts of diluted 100% fruit juice can be offered in a cup rather than a bottle.
- Too much fruit juice can reduce your baby's appetite for more nutritious foods and cause diarrhoea and tooth decay.

Cow's milk

- Cow's milk is not suitable as the main milk source until your baby is 12 months old.
- Cow's milk should not be offered as a drink until 12 months of age, but it can be used on cereal and in cooking before 12 months of age.
- Excessive cow's milk (more than 500mls each day) can reduce a young child's appetite. It is a good idea to limit their cow's milk intake and encourage other dairy foods to help meet their daily calcium needs.
- Pasteurised milk products such as yoghurt, custard and cheese may be offered from 6 months of age.
- Unpasteurised or 'raw' milks may carry bacteria and should be avoided.

Soy milk

- Calcium and vitamin B12 fortified soy drink is the best cow's milk alternative as it is high in protein, calcium and vitamin B12. Like cow's milk, it is not suitable as the main milk source until after 12 months of age.



Helpful tip: Reduced or low-fat cow's milk or soy milk is not recommended for children under 2 years of age. The fat in full cream milk is an important source of energy and fat-soluble vitamins. Milk offered to babies or toddlers should never be diluted.

Other 'milks'

- Calcium enriched nut, rice, oat and coconut drinks or "mylks" can be used after 1 year of age, under the supervision of your dietitian or doctor. Choose full fat varieties and include other sources of protein and vitamin B12 in your baby's diet (e.g. meat, chicken, eggs).
- Toddler milks/formula for over 12 months of age are generally not needed if your child is growing well, unless your dietitian or doctor advises otherwise

Helpful tip: If your child has allergies to dairy and soy, speak with a dietitian to ensure your baby's nutritional needs are being met. More information can be found on page 14 and on the Sydney Children's Hospital Network: Milk allergy information sheet at:

<https://www.schn.health.nsw.gov.au/fact-sheets/milk-allergy>

Unsuitable drinks for children under 12 months include:

- tea and coffee
- herbal teas
- soft drink
- fruit juices
- cordial
- flavoured milk

From breast/bottle to cups

Babies can learn to drink water from a cup, with help, from 4-6 months of age. Start by introducing an open cup. To start you could use a plastic 'sippy' cup with the lid removed, preferably one with handles.

By 9-12 months of age, many babies may be able to manage an open cup reasonably well. Allowing your baby to practice will help increase their skills. A 'sippy' cup or straw cup can also be used, but an open cup is preferred.



Food allergies

How do I prevent food allergies?

There is no proven way to prevent food allergies, but you may be able to reduce the risk. It is recommended that you **DO NOT delay the introduction of commonly allergenic foods**. The foods most commonly associated with food allergy are cow's milk (and dairy products e.g. yoghurt, custard, cheese), egg, peanuts, tree nuts, fish, soy and wheat. Introduce these around 6 months (not before 4 months of age), while continuing to breastfeed.

Give your baby commonly allergenic foods including smooth peanut butter, cooked egg, dairy and wheat products in their first year. This includes babies at high risk of allergy. You may like to introduce one new food each day during the daytime, or at a rate that suits your baby. This will help you to identify a problem food if an allergic reaction occurs. For current information and guidelines on food allergies, see the **'Allergy prevention' fact sheets** produced by Australasian Society of Clinical Immunology and Allergy (ASCI) at <https://www.allergy.org.au/patients/information>.

What if my baby reacts to a food?

Some babies will develop food allergies. Most allergic reactions are mild to moderate, and do not cause major problems. Symptoms from these may include a skin reaction like a rash or welts, vomiting, diarrhoea or an upset stomach, runny nose/eyes or mild itch in throat. If your baby has an allergic reaction to any food, that food should be stopped and you should seek advice from your GP, who could refer you to a doctor with experience in food allergy called an Immunologist.

Some children may experience a severe allergic reaction called anaphylaxis, which requires immediate lifesaving medication. This may present as your baby having trouble breathing and/or their mouth/tongue swelling. If you are immediately concerned, go to the Emergency Department of your nearest hospital. You can then seek advice from your doctor for a referral to an Immunologist for further support.

For more information on allergic reactions, see the **'Identifying Allergic Reactions'** section of the Nip Allergies in the Bub website at <https://preventallergies.org.au/identifying-allergic-reactions/>

Picky eaters

Red flags for 'picky' or 'fussy' eating, and what to do about them

It is very common for children to refuse food at times, as eating is a learned skill. Learning to eat takes time and patience. Supporting your baby to explore new foods as part of their playtime will help them to accept and eat new foods.

You may wish to see a dietitian if you are concerned that your child is developing 'picky' or 'fussy' eating habits. Some clues to look out for are:

- Your baby consistently refuses new foods, or they are 'picky' most of the time.
- Your baby finds new textures difficult or they are slow to accept lumpier foods.
- Your child has had consistently poor weight gain or dropped percentiles on their growth chart.
- Your child still refuses mashed or cut up foods at around 9-12 months of age
- Your child has difficulty drinking from a cup at 16 months of age.
- Your child consistently refuses new foods, only eating preferred familiar foods.

Canberra Health Services Community Dietitians run 'Fussy Eaters' group education sessions. To find out more visit www.health.act.gov.au/nutrition or contact Community Health Intake on (02) 5124 9977.

Ideas to help with 'picky' or 'fussy' eating

- Eat together as a family to promote acceptance of new foods.
- Consider playtime with food for fun, outside of mealtimes. For example, finger painting with yoghurt or making a face from cut up fruits and vegetables. This can help your child explore and accept new foods.

- Encourage self-feeding and allow for mess and play with food.
- Have consistent meal and snack routines to help your child learn about their appetite.
- Offer new foods many times, even if these are rejected. Infants and children commonly reject new foods and repeated exposure helps acceptance of the new food. It can take 10–15 exposures/tastes before a baby will learn to like some foods.
- Offer new or less preferred foods with a preferred food.
- Avoid making a substitute meal or snack choice if offered food is rejected.
- Offer buffet style meals for older children to allow them to self-serve from the choices available.

When should I see a dietitian?

If you have any concerns about feeding your baby speak with your MACH nurse, GP or dietitian.

To make an appointment with a dietitian in Canberra Health Services, phone Community Health Intake on 5124 9977. You do not need a referral for this service and it is free for Medicare and Asylum Seeker Cardholders. In other states and territories phone your local Department of Health.



Further information

Websites:

- www.ellynsatterinstitute.org
Ellyn Satter's Division of Responsibility
- www.raisingchildren.net.au
Supported by the Australian Government with information on a range of parenting topics including nutrition
- www.parentlink.act.gov.au
ACT Government website with information on many aspects of parenting
- www.health.act.gov.au
Canberra Health Services website with information on community-based health services
- <http://www.communityservices.act.gov.au/childdevelopmentservice/0-1/eating/feeding-skills>
ACT Government Child Development Service
- www.eatforhealth.gov.au
Australian Government website with information on the amount and kinds of foods to eat for health and wellbeing
- www.breastfeeding.asn.au
Official website of the Australian Breastfeeding Association
- www.foodstandards.gov.au
Official website of Food Standards Australia New Zealand providing information on food safety
- www.foodsafety.asn.au
The Food Safety Information Council of Australia website with downloadable fact sheets such as "Protecting tiny tummies – Preparing food for an infant or young child"
- www.allergy.org.au
The Australasian Society of Clinical Immunology and allergy (ASCIA) website for up to date information on food allergy
- <https://preventallergies.org.au/>
The National Allergy Strategy website providing information on introducing solids for allergy prevention, allergic reactions and eczema
- https://www.kidsafensw.org/imagesDB/wysiwyg/HighChairSafety09_2016.pdf
Fact sheet on high chair safety produced by Kidsafe NSW

Bibliography

This booklet is based on current best practice in this field. Information has been collected from a literature review on infant feeding and the experiences of health professionals.

- National Health and Medical Research Council (2012). *Infant Feeding Guidelines*, Canberra: NHMRC, Commonwealth of Australia.
https://www.nhmrc.gov.au/files_nhmrc/file/publications/170131_n56_infant_feeding_guidelines_summary.pdf
- Rapley, G (2011). Baby-led weaning: transitioning to solid foods at the baby's own pace. *Community Practitioner*, 2011; 84(6): 20-3.
- Cameron SL, Heath AL, Taylor RW (2012). How Feasible Is Baby-Led Weaning as an Approach to Infant Feeding? A Review of the Evidence. *Nutrients* 4: 1575-1609.
- Satter, E. (1987). *How to Get your Kid to Eat...But Not Too Much*. Palo Alto, CA: Bull Publishing.
- Women's and Children's Hospital (2011) Preventing choking on food; Children Under 4 Years of Age.
http://www.cyh.com/HealthTopics/library/Preventing_Choking_Fact_sheet.pdf
- Netting MJ, Campbell DE, Koplin JJ, et al (2017). An Australian Consensus on Infant Feeding. Guidelines to Prevent Food Allergy: Outcomes From the Australian Infant Feeding Summit. *Journal of Allergy and Clinical Immunology Practice*: Nov/Dec 2017
- Australasian Society of Clinical Immunology and Allergy (ASCIA) (2016-2019). Allergy Prevention.
https://www.allergy.org.au/images/stories/pospapers/ASCIA_HP_Clinical_Update_Infant_Feeding_and_Allergy_Prevention_July2018.pdf
- https://www.allergy.org.au/images/pcc/ASCIA_PCC_How_to_introduce_solid_foods_FAQ_2019.pdf
- https://www.allergy.org.au/images/stories/pospapers/ASCIA_HP_guide_introduction_peanut_infants_2017.pdf