Pediatrics - Topic 8 - Complementary Feeding

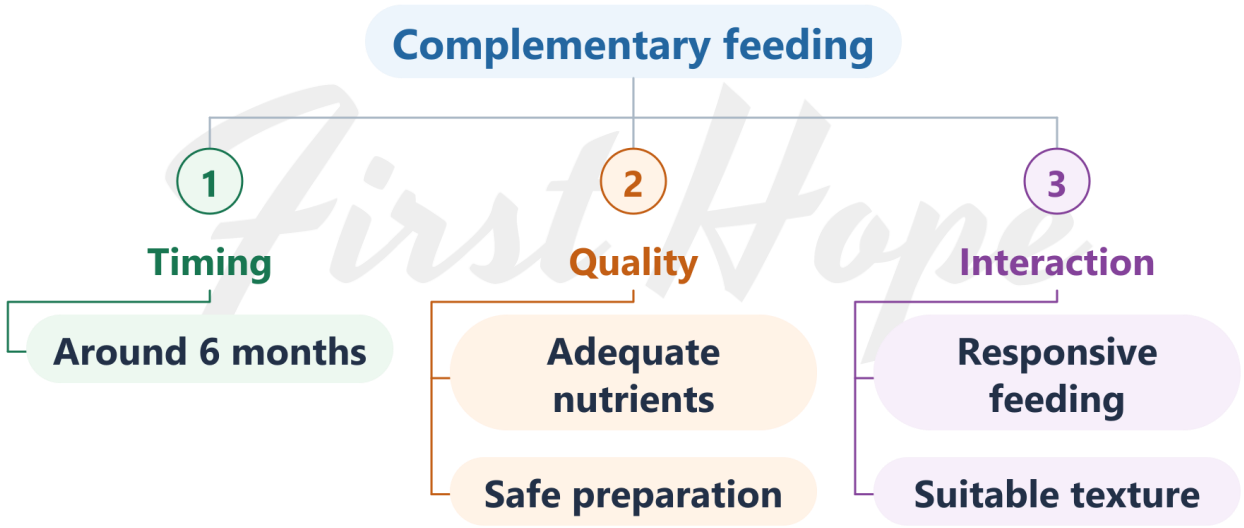
Starting Complementary Feeding

- **Complementary feeding** means adding suitable foods to milk feeds when milk alone no longer meets all nutritional needs.
- Begin at about **6 months of age** while continuing breastfeeding to 2 years or beyond.

Timing and Readiness

- The additional foods complement breast milk rather than abruptly replacing it.
- Delaying complementary foods can lead to iron deficiency, inadequate energy intake and difficulty accepting textures.
- Starting too early may displace breast milk and increase infection risk when food or water is unsafe.

Essential Attributes of Complementary Feeding



1. **Timely**
   - Start around 6 months when milk alone no longer supplies all requirements and the child can manage suitable textures.
2. **Adequate**
   - Provide sufficient energy, protein and micronutrients through progressively larger and more varied meals.
3. **Safe**
   - Use hygienic preparation, safe water, thoroughly cooked food and textures that reduce choking risk.
4. **Appropriately and Responsively Fed**
   - Match food consistency and feeding assistance to developmental ability and respond to the child's hunger and fullness cues.

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Planning Food, Frequency and Texture

Age-Appropriate Meal Progression

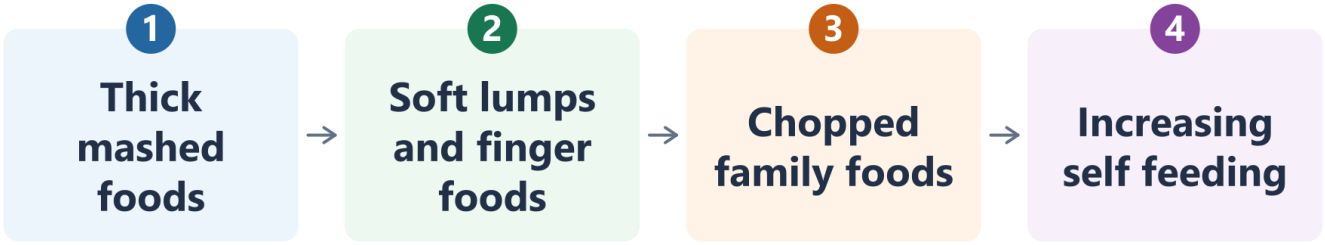
1. **6–8 months**
   - Start with thick mashed or soft foods and small amounts.
   - Offer 2–3 meals daily.
2. **9–11 months**
   - Offer soft lumps, finely chopped foods and safe finger foods.
   - Offer 3–4 meals daily and 1–2 snacks as needed.
3. **12–23 months**
   - Offer a varied family diet modified for texture and choking safety.
   - Offer 3–4 meals daily and 1–2 snacks as needed.

Meal Progression at a Glance

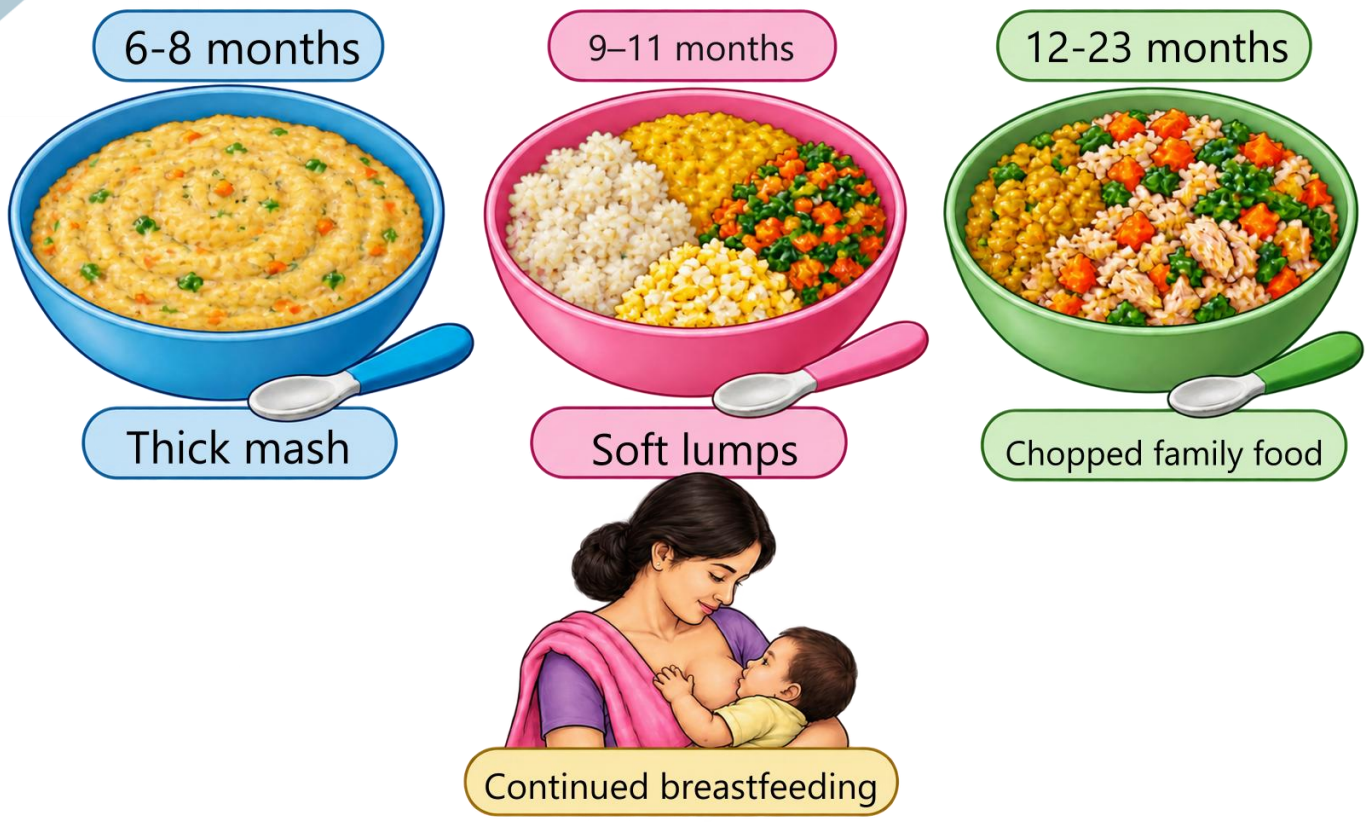
- Meal frequency describes planned eating opportunities in addition to milk feeds and should be adjusted to the child's intake and feeding method.
- Offer small amounts initially and increase them gradually rather than forcing a fixed bowl size.

Age	Usual food pattern	Common frequency with breastfeeding
6–8 months	Start with thick mashed or soft foods and small amounts.	Offer 2–3 meals daily.
9–11 months	Offer soft lumps, finely chopped foods and safe finger foods.	Offer 3–4 meals daily and 1–2 snacks as needed.
12–23 months	Offer a varied family diet modified for texture and choking safety.	Offer 3–4 meals daily and 1–2 snacks as needed.

- A thick mash stays on the spoon and provides more energy per spoonful than a watery gruel made from the same ingredients.
- Move progressively toward soft lumps and family foods instead of keeping a growing child on smooth liquids indefinitely.



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Food textures progress from thick mash toward soft family foods while breastfeeding continues

Suitable Local Foods

Choosing a Balanced Meal

Energy and Protein

- Well-cooked mashed rice and dal, soft khichdi, mashed idli, porridge and soft roti soaked in dal can form a familiar base.
- Add pulses, well-cooked egg, fish, meat or suitable dairy foods according to the family's diet and the child's tolerance.
- A small amount of oil or another suitable fat can improve the energy density of a meal.

Micronutrients and Variety

- Offer a variety of vegetables and fruits, including mashed banana, soft papaya and cooked seasonal vegetables.
- Include iron-rich foods regularly because milk alone no longer provides enough iron for the growing infant.
- Combining plant foods containing iron with a vitamin C source can improve nonheme iron absorption.
- A vegetarian diet needs careful planning for iron, zinc, vitamin B12 and protein quality rather than assuming that cereal alone is sufficient.

Checking Dietary Variety

- The minimum dietary diversity indicator for children aged 6–23 months asks whether at least five of eight food groups were consumed during the previous day.

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- The groups are breast milk; grains, roots, tubers and plantains; pulses, nuts and seeds; dairy foods; flesh foods; eggs; vitamin A-rich produce; and other fruits and vegetables.
- This is a population-monitoring indicator rather than proof that an individual child received enough energy or every nutrient.

Foods and Drinks to Avoid

Honey in Infancy

- Avoid honey before 12 months because of the risk of infant botulism.

Hard Foods and Safe Nut Preparation

- Do not offer whole nuts, hard sweets, popcorn or other choking hazards to a young child.
- Use nuts only in a safe form such as a smooth paste mixed into food when appropriate.

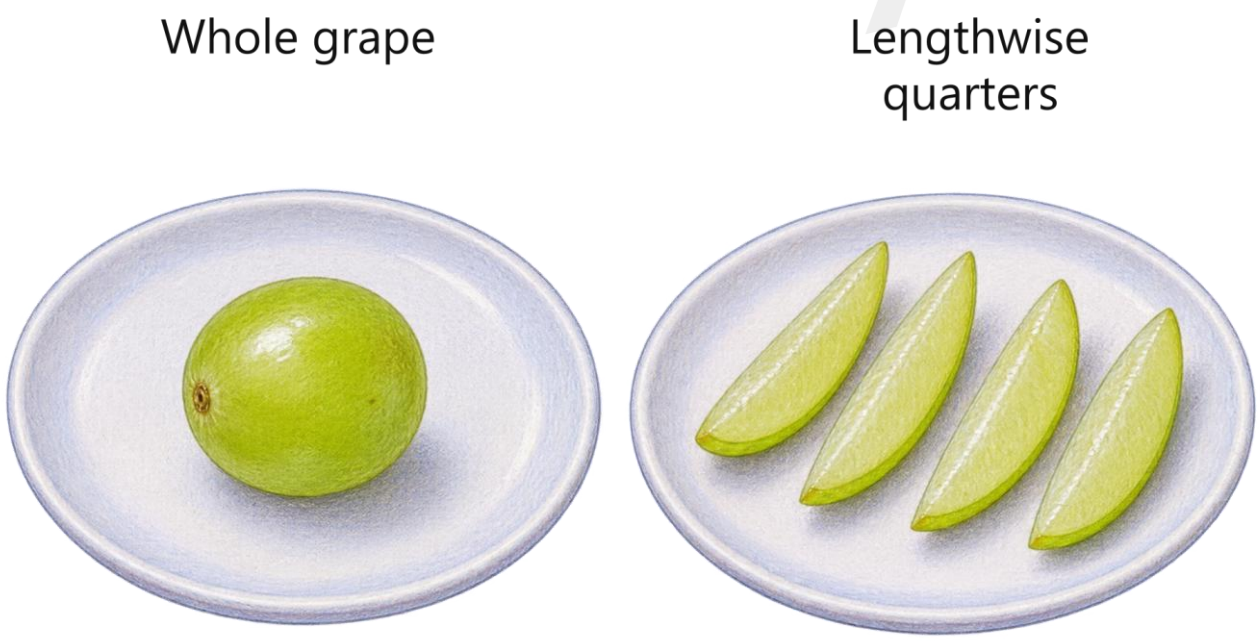
Sugary Foods, Drinks and Caffeine

- Avoid sugary drinks and minimise foods high in added sugar or salt that displace nutritious meals.
- Tea and coffee are unsuitable infant drinks and can interfere with iron intake and sleep.

Unpasteurised and Undercooked Products

- Use pasteurised dairy products and avoid raw or undercooked animal foods.

Food Allergy and Choking Safety



Whole grapes are a choking hazard; cutting them lengthways into small pieces reduces their round shape

Food Introduction and Allergic Reactions

- Introduce a variety of suitable foods rather than unnecessarily delaying common allergenic foods once complementary feeding has begun.

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