

NUTRITION SUPERVISION





INFANCY

Overview

Infancy is divided into three stages. Physical growth, developmental achievements, nutrition needs, and feeding patterns vary significantly in each.

- **Early Infancy**—Birth to 6 months, when most rapid growth occurs
- **Middle Infancy**—6 to 9 months, when growth slows but is still rapid
- **Late Infancy**—9 to 12 months, when growth slows but infants' maturation and purposeful activity allow them to eat a wider variety of foods

Weight

- Infants usually regain their birthweight by 10 to 14 days after birth.
- Infants typically double their birthweight by 4 to 6 months, gaining about 5 to 7 oz a week.
- Infants typically triple their birthweight by 1 year, gaining about 3 to 5 oz per week from 6 to 18 months.

Length

- Infants gain approximately 1 inch per month from birth to 6 months.
- The rate of increase slows from 6 to 12 months as infants gain about $\frac{1}{2}$ inch per month.
- Infants usually increase their length by 50 percent in the first year.

Growth

To meet growth demands, infants require a high intake of calories and adequate amounts of fat, protein, vitamins, and minerals.

Calories

- From birth to 6 months, infants require about 108 kcal/kg of body weight per day.
- By 12 months, caloric needs decrease to 100 kcal/kg of body weight per day.

Fats

- Fats must constitute at least 30 percent of caloric intake to meet growth and development demands.



Vitamins and Minerals

- Vitamin and mineral needs are usually met if the infant is breastfed by a well-nourished mother or receives correctly prepared infant formula.

Physical Activity

- The first year of life is marked by dramatic changes in amount and type of physical activity displayed.
- Motor skill development begins with involuntary reflexes that ensure infant's survival. These reflexes disappear as infant gains voluntary control over the body.
- Infants usually acquire motor skills in the same order, but the rate at which they acquire them is individual.
- Physical activity should be promoted from the time infants are born.





Common Nutrition Concerns

Breastfeeding or Bottle Feeding

- Parents are often unsure whether breastfeeding or bottle feeding is best for their infant.
- Breastmilk is the ideal food for infants.
- The benefits of breastfeeding even for only a few weeks or months are innumerable.
- It is important to identify barriers to breastfeeding and provide referrals to lactation support services.

Introducing Supplemental Foods

- Teach families when it is developmentally appropriate to introduce supplemental foods.
- Provide information on infant's nutrition needs and developmental abilities.
- Describe infant's developmental readiness to eat supplemental foods (at about 4 to 6 months).
 - Infant's sucking reflex allows coordinated swallowing.
 - Infant can sit with support.
 - Infant has good head and neck control.

Infants with Special Health Care Needs

- Mothers may need extra emotional support, instruction about special techniques for positioning, or special equipment to help overcome breastfeeding problems.
- Address feeding challenges and identify resources to provide education and support.





NUTRITION SUPERVISION THROUGHOUT INFANCY

An infant's nutrition status should be evaluated during nutrition supervision visits or as part of health supervision visits. Health professionals can do the following:

- Begin nutrition supervision by gathering information about infant's nutrition status by asking key interview questions. Continue by using screening and assessment and counseling guidelines.
- Recognize that interview questions, screening and assessment, and counseling should be used as appropriate and will vary from visit to visit and from infant to infant.

Information pertaining to the entire developmental period is provided first in the pocket guide, followed by information on age-specific visits.

Interview Questions

- How do you think feeding is going? Do you have any questions about breastfeeding Shelley?
- How does Shelley let you know when she is hungry? How do you know when she has had enough to eat?
- How often does Shelley eat?
- Have you noticed changes in the way she eats?
- How do you feel about the way Shelley is growing?
- Are you concerned about having enough money to buy food or infant formula?
- What is the source of your drinking and cooking water? Do you use bottled or processed water?
- Do you have any questions or concerns about Shelley's development?
- What are some physical activities you do with her?

Screening and Assessment

- Measure infant's length, weight, and head circumference and plot on standard growth chart to determine nutrition and growth status. Deviation from expected growth pattern should be evaluated. This may be normal or may indicate a nutrition problem.
- Evaluate appearance of infant's skin, hair, teeth, gums, tongue, and eyes.
- Assess infant for age-appropriate development.
- Observe parent-infant interaction and assess their responses to each other.



Counseling

Discuss with All Parents:

Growth and Development

- Not restricting infant's fat intake because fat is needed for growth and energy
- Allowing infant to develop feeding skills at own rate (If infant has significant delays in development of feeding skills, assessment by health professional is needed.)
- Infants' need for physical activity from the time they are born
- Nurturing motor skill development

Feeding Practices

- Feeding infant iron-fortified formula rather than cow's milk if weaned from breastmilk before 12 months
- Using breastmilk or iron-fortified formula (not low-iron milk such as cow's, goat's, or soy) even in infant cereal until infant is 12 months

Food Safety

- Discarding bottles of expressed breastmilk or open containers of ready-to-feed or concentrated formula stored in refrigerator for 48 hours or more; disposing of bottles of prepared formula stored in refrigerator more than 24 hours
- Dangers of warming expressed breastmilk, formula, or food in containers or jars in a microwave (Containers may feel cool, but contents can be too hot and cause burns.)
- Warming bottles by holding under hot water or placing in bowl of hot water for a few minutes
- Testing warmed fluids by sprinkling drops on wrist (If not lukewarm, they should be cooled down and tested again.)
- Food choking hazards (small, slippery foods such as hard candy, whole grapes, hot dogs; dry, difficult to chew foods such as popcorn, raw carrots, nuts; sticky, tough to break apart foods such as peanut butter, large chunks of meat)
- Not adding honey to food, water, or formula and avoiding processed foods containing honey (can be a source of spores that cause botulism poisoning in infants)



Supplements

- Vitamin B₁₂ supplements for breastfed infant younger than 6 months if mother is vitamin B₁₂ deficient (eats no animal products, is undernourished, does not take B₁₂ supplements)
- Possible need for vitamin D supplements if infant is not exposed to adequate sunlight, especially if infant has very dark skin, lives in area with limited sunlight, or is kept covered because of cultural practices or beliefs

Common Concerns

- Spitting up of a little milk at each feeding (Suggest burping infant several times during feeding and avoiding excessive movement after feeding.)
- Constipation (caused by not getting enough breastmilk or formula, receiving incorrectly prepared formula, or eating other foods too soon)
- Need for extra water or other fluids as directed by health professional for infant who has diarrhea, fever, or other illnesses

Oral Health

- Cleaning infant's gums and teeth twice a day, using a washcloth on gums and soft toothbrush with water on teeth
- Avoiding habits harmful to infant's teeth (frequent, prolonged bottle feedings; feeding sugary, carbohydrate-rich snacks; giving bottles filled with anything but water to quiet infant or encourage sleep)
- Preventing early childhood caries (baby bottle tooth decay) by introducing a drinking cup at 6 months, weaning infant from bottle by 12 to 14 months, providing juice in cup instead of bottle, and limiting juice to 4 to 6 oz per day
- Using community water fluoridation as safe, effective way to reduce risk of early childhood caries in infants (If bottled water is preferred, recommend brand with fluoride added at a concentration of approximately 0.8 to 1.0 mg/L [ppm].)
- Providing fluoride supplementation for infant 6 months or older who receives breastmilk or formula prepared with water severely deficient in fluoride (less than 0.3 ppm)



Discuss with Mothers of Breastfed Infants:

Feeding Practices

- Benefits of breastfeeding exclusively for first 6 months (provides ideal nutrition, promotes best possible growth and development)
- Breastfeeding for 12 months or as long as mother and infant wish to continue
- Making breastfeeding more relaxing by feeding in quiet place and comfortable position
- Feeding infant on demand to stimulate lactation process (The longer infant sucks, the more breastmilk the mother's body makes. Manually expressing milk and using a breast pump is recommended to increase or maintain milk supply when mother is away from infant.)
- Allowing infant to finish feeding at one breast before offering the other breast (20 to 45 minutes provides adequate intake, allows mother time to rest between feedings)
- Frequency of feedings (typically 10 to 12 times in 24 hours)
- Not allowing infant to sleep more than 4 hours without breastfeeding in first 2 to 4 weeks

- Infant's growth periods and resulting need for more frequent feedings
- Breastfeeding more than one infant (Mother may need to eat more, receive additional nutrition counseling, or have extra help at home.)

Food Safety

- Using refrigerated, expressed breastmilk within 48 hours (Safe storage time for frozen milk ranges from 2 weeks to 6 months, depending on freezer temperature.)

Maternal Eating Behaviors

- Benefits of eating variety of healthy foods (helps mother stay healthy, infant grow)
- Drinking liquids such as milk or juice when thirsty and a glass of water at each feeding
- Limiting consumption of drinks containing caffeine (coffee, tea, soft drinks) to 2 per day
- Avoiding alcoholic beverages (If mother drinks, no more than 2 to 2¹/₂ oz of liquor, 8 oz of wine, or 2 cans of beer should be consumed per day [less for small women].)

Support

- Encouraging father to help care for breastfed infant (bringing infant to mother at breastfeeding time; cuddling infant; helping with burping, diapering, bathing)
- Sources of breastfeeding information (physicians, nurses, nutritionists, lactation consultants, friends and family, support groups, La Leche League, educational materials)

Discuss with Parents of Formula-Fed Infants:

Feeding Practices

- Using iron-fortified formula as a substitute for breastmilk for full-term infant during first year
- Not adding cereal or other foods to formula
- Preparing and offering more formula as infant's appetite increases
- Holding infant close, in semi-upright position; looking into infant's eyes during feeding
- Checking for causes if infant is crying more than usual or seems to want to eat all the time

(uncomfortable feeding position, formula prepared incorrectly, bottle nipple too firm or hole too big, unheeded hunger cues, distracting feeding environment)

- Offering infant water on hot days between feedings (Infant doesn't usually need water.)

Food Safety

- Preparing formula as instructed and following sanitary procedures (washing hands before preparing formula; cleaning area where formula is prepared; cleaning and disinfecting reusable bottles, caps, and nipples before each use; washing and drying top of formula container before opening)
- Discarding milk left in bottle when infant has finished eating; not reusing bottle that has been started
- Covering and refrigerating open containers of ready-to-feed or concentrated formula
- Storing powdered formula at room temperature





PRENATAL

Interview Questions

For Pregnant Women

- Have you thought about breastfeeding?
- Do you know the benefits of breastfeeding for you and your baby?
- Do you have any concerns about your diet and breastfeeding?
- Do you restrict any foods in your diet for any reason?
- Does your family have a history of food allergies?
- Are you taking prenatal vitamins? Will you in the future?
- Do you take any vitamin or mineral supplements?
- Do you drink wine, beer, or other alcoholic beverages?
- Do you use any drugs (prescription, over-the-counter, illegal)?
- Do you have any questions about feeding your baby?
- What experiences have you had feeding babies?
- What does your partner or family think about your plan for feeding?

- Are you concerned about having enough money to buy food?
- Do you smoke? Does anyone smoke in your home?
- Do you have problems with your teeth?
- Does the water you drink or use to prepare foods contain fluoride?

For Women Planning to Breastfeed

- Do you have any questions about breastfeeding?
- Have you attended breastfeeding classes?
- Will any family members or friends help as you are learning to breastfeed?
- Do you know how to contact support groups or lactation consultants?
- Do you know your HIV status?

For Parents Planning to Formula-Feed

- What infant formula do you plan to use? Is the formula iron fortified?
- How will you prepare the formula?
- After the formula is made, how will you store it?
- Will any family members or friends help you feed your baby?

Counseling

Discuss with Pregnant Women:

- Intake of folic acid, before pregnancy and during the first trimester
 - Before pregnancy*—Recommend 400 µg per day of folic acid from fortified foods and/or supplements and a variety of foods containing folate.
 - During pregnancy*—Recommend intake of 600 dietary folate equivalents per day of food folate, folic acid, or mixture of both.
- Sources of folate including oranges, strawberries, spinach, avocados, turnip greens, asparagus, broccoli, Brussels sprouts, and beans (black, pinto, navy, kidney)
- Folic acid in fortified food products including grain products and most breakfast cereals
- Benefits of maintaining a healthy weight throughout pregnancy
- Harmful effects of drinking alcohol and smoking
- Good oral hygiene and dental care if needed
- Gradual weight loss after pregnancy (adjusting caloric intake, increasing level of physical activity)
- Moderate physical activity (walking, swimming) shortly after delivery

Discuss with Women Planning to Breastfeed:

- Determining HIV status (If HIV positive, breastfeeding is contraindicated.)
- Advantages of rooming-in with newborns after delivery
- Breastfeeding as soon as possible after birth, usually within first hour
- When to breastfeed and how to identify hunger signs (hand-to-mouth activity, rooting, pre-cry facial grimaces, fussing, crying); crying is last indicator of hunger
- Breastfeeding about 10 to 12 times every 24 hours
- Not giving supplemental water, glucose, or formula unless required medically

Discuss with Parents Planning to Formula-Feed:

- Preparing 2 oz of infant formula every 2 to 3 hours (more if infant seems hungry)
- Avoiding habits harmful to infant's teeth (putting infant to bed with a bottle, propping bottle in her mouth)





NEWBORN

Interview Questions

For Parents of All Infants

- What is the longest time Amanda has slept at one time?
- How much rest are you getting?
- How many wet diapers does Amanda have each day?
- Do you burp her during or after a feeding?
- Is anyone helping you feed Amanda?

For Mothers of Breastfed Infants

- Do you have any questions about breastfeeding?
- Do you need any help with breastfeeding?
- How often do you feed Edward? How do you know when he is hungry?
- Does Edward attach to your breast and suck well? Does he make swallowing sounds when you breastfeed him?
- Have you had any problems with your breasts or nipples (tenderness, swelling, pain)?
- Do you restrict any foods in your diet?
- What vitamin and mineral supplements do you take or plan to take?
- Do you drink wine, beer, or other alcoholic beverages?

- Do you use any drugs (prescription, over-the-counter, illegal)?
- Do you know your HIV status?

For Parents of Formula-Fed Infants

- What infant formula do you use? Is the formula iron fortified?
- How do you prepare the formula?
- How do you store the formula after you make it?
- How do you clean the nipples, bottles, and other equipment before and after a feeding?
- What do you do with the milk in the bottle after a feeding?
- How do you hold Amanda when you feed her?

Screening and Assessment

- Perform metabolic screening as indicated by the state.
- If mother does not know her HIV status, suggest HIV screening.
- If possible, observe mother breastfeeding infant. Assess mother's comfort in feeding, eye contact between mother and infant, mother's interaction with infant, mother's and infant's responses to distractions, and infant's ability to suck. Help mother and infant develop successful breastfeeding behaviors.

Counseling

Discuss with Parents:

- Feeding infant when she is hungry, usually 10 to 12 times in 24 hours
- Signs of hunger (hand-to-mouth activity, rooting, pre-cry facial grimaces, fussing, crying)
- Waking infant for feeding during first 2 weeks if he sleeps more than 4 hours at a time
- Feeding infant until she is full
- Signs of fullness (turning head away from nipple, closing mouth, showing interest in things other than eating)
- Burping infant at natural breaks midway through or after a feeding, gently rubbing or patting infant's back while holding him against the shoulder and chest or supporting him in sitting position on lap
- Evidence that infant is getting enough milk (swallowing sounds, 6 to 8 wet cloth diapers or 5 or 6 wet disposable diapers per day, weight gain)
- Breastfeeding infant exclusively for first 6 months
- Benefits of breastfeeding (provides ideal nutrition, promotes best possible growth and development)

- Not giving water, juice, or other foods to breastfed infant
- No need for fluoridated water or fluoride supplements during first 6 months





WITHIN 1 WEEK

Interview Questions

For Parents of All Infants

- Do you burp Claire during or after a feeding?
- Is anyone helping you feed her?
- How many wet diapers and bowel movements does Claire have each day?

For Mothers of Breastfed Infants

- Have you noticed changes in your milk?
- Have your breasts or nipples been sore?
- How often do you feed Spencer? How long do you feed him each time?
- Does Spencer suck well? Does he latch on well and breastfeed in a rhythm?
- Do you have any concerns or questions about what you are eating?

For Parents of Formula-Fed Infants

- What formula do you feed Claire? Is the formula iron fortified?
- How often do you feed Claire? How much does she eat at a feeding?

- How do you hold Claire while feeding? How do you hold the bottle?
- How do you know if Claire is hungry? If she has had enough to eat?
- Do you think the bottle nipples you are using are appropriate for Claire?

Screening and Assessment

- Perform metabolic screening as indicated by the state.
- Assess infant for weight gain, milk intake, hydration, jaundice, and age-appropriate elimination patterns (6 to 8 wet cloth diapers or 5 or 6 wet disposable diapers per day and 3 or 4 stools per day by 5 to 7 days of age).
- If possible, observe mother breastfeeding infant. Assess mother's comfort in feeding, eye contact between mother and infant, mother's interaction with infant, mother's and infant's responses to distractions, and infant's ability to suck. Help mother and infant develop successful breastfeeding behaviors.
- If infant has a weak suck, investigate whether it is caused by immaturity or a neurological problem and whether it will compromise infant's food intake and ability to gain weight.

Counseling

Discuss with Parents:

- Feeding infant when she is hungry, usually 10 to 12 times in 24 hours
 - Signs of hunger (hand-to-mouth activity, rooting, pre-cry facial grimaces, fussing, crying)
 - Waking infant for feeding during first 2 weeks if he sleeps more than 4 hours at a time
 - Feeding infant until she is full
 - Signs of fullness (turning head away from nipple, closing mouth, showing interest in things other than eating)
- Burping infant at natural breaks midway through or after a feeding, gently rubbing or patting infant's back while holding him against the shoulder and chest or supporting him in sitting position on lap
 - Evidence that infant is getting enough milk (6 to 8 wet cloth diapers or 5 or 6 wet disposable diapers per day, 3 or 4 stools per day, weight gain)
 - No need for fluoridated water or fluoride supplements during first 6 months
 - Removing distractions such as lights and noise
 - Helping infant focus on feeding by rocking, patting, stroking, or swaddling, or feeding in a room with fewer distractions





2 WEEKS–2 MONTHS

Interview Questions

For Parents of All Infants

- Have you offered Morgan anything other than breast-milk or formula?
- Is anyone helping you feed her?
- What is the longest Morgan has slept at one time?
- Does she ever seem to want to eat all the time? If so, what do you do?
- Do you burp Morgan during or after a feeding?
- How many wet diapers does she have each day?
- Have you had a postpartum checkup?

For Mothers of Breastfed Infants

- Do you have any questions about breastfeeding?
- How often do you feed Fernando? How long do you feed him each time?
- Are you planning to return to work or school? If so, will you express your breastmilk? How will you store it? How long will you keep it?
- Has Fernando had any formula in addition to breast-milk?

For Parents of Formula-Fed Infants

- What formula are you feeding Morgan? Is it iron fortified?
- How often do you feed her? How much does she eat at a feeding?
- How long does it take to feed Morgan?
- Have you offered her anything other than formula?
- What do you do with milk left in the bottle after a feeding?
- Do you prop the bottle or let Morgan feed herself?
- Do you put her to bed with a bottle?

Screening and Assessment

- Perform metabolic screening as indicated by the state.
- If possible, observe mother breastfeeding infant. Assess mother's comfort in feeding, eye contact between mother and infant, mother's interaction with infant, mother's and infant's responses to distractions, and infant's ability to suck. Help mother and infant develop successful breastfeeding behaviors.
- Assess need for vitamin D or iron supplementation.

Counseling

Discuss with Parents:

- Feeding infant when she is hungry, usually 10 to 12 times in 24 hours
 - Signs of hunger (hand-to-mouth activity, rooting, pre-cry facial grimaces, fussing, crying)
 - Feeding infant until he is full
 - Signs of fullness (turning head away from nipple, closing mouth, showing interest in things other than eating)
 - Burping infant at natural breaks midway through or after a feeding, gently rubbing or patting infant's back while holding her against the shoulder and chest or supporting her in sitting position on lap
 - Infant growth spurts between 2 and 4 weeks of age and increased milk intake
 - Forgoing food other than breastmilk or formula until infant is developmentally ready: when sucking reflex allows coordinated swallowing and infant can sit with support and has good head and neck control (about 4 to 6 months)
- Indications of colic including crying inconsolably for several hours a day, passing a lot of gas (Recommend short, frequent feedings for a breastfed infant and eliminating some foods such as cow's milk, wheat, peanuts, eggs, seafood from mother's diet.)
 - Frequency of breastfed infant's stools (as few as 1 every 3 days in infant 6 weeks and older)
 - Distractions while feeding infants and the need for gentle, repetitive stimulation (rocking, patting, stroking) during feedings
 - No need for fluoridated water or fluoride supplements during first 6 months
 - Playing with infant to stimulate nervous system and help develop head and neck control and motor skills
 - Encouraging infant to follow objects with her eyes





4 MONTHS

Interview Questions

For Parents of All Infants

- Can Carmen wait without crying while you get ready to feed her?
- Have you given her any food besides breastmilk or formula?
- Does Carmen seem interested in the food you eat?
- Have you offered her foods from the family meal? If so, which ones?
- Do you have any concerns about what, how, or how much Carmen eats?
- Do you know what she is fed when she is away from home (at child care, relative's home)?
- Does Carmen have any teeth?

For Mothers of Breastfed Infants

- Do you have any questions about breastfeeding?
- How often does Ajay breastfeed? How long do you feed him each time?
- Does he breastfeed more often or for longer periods of time? Can you keep up with his demand?

- Has Ajay received breastmilk or other fluids from a bottle?
- Are you planning to return to work or school? If so, will you express your breastmilk? How will you store it? How long will you keep it?

For Parents of Formula-Fed Infants

- What formula are you feeding Carmen? Is it iron fortified?
- How often do you feed her? How much does she eat at a feeding?
- Have you offered Carmen anything other than formula?
- What do you do with formula left in the bottle after a feeding?
- Do you have any concerns about the formula (cost, preparation, amount, nutrient content)?

Screening and Assessment

- Assess the need for vitamin D and iron supplementation.

Counseling

Discuss with Parents:

- Forgoing food other than breastmilk or formula until infant is developmentally ready: when sucking reflex allows coordinated swallowing and infant can sit with support and has good head and neck control (about 4 to 6 months)
- Disadvantages of giving supplemental foods before infant is developmentally ready
- Introducing new foods one at a time and observing infant for 7 days or more after each new food to ensure there is no adverse reaction
- Introducing iron-fortified, single-grain infant cereal as the first supplemental food because it is least likely to cause an allergic reaction
- Introducing pureed or soft fruits, vegetables, and meats after infant has accepted iron-fortified, single-grain infant cereal
- Iron-fortified cereals and meats are good choices of supplemental foods high in iron
- Avoiding canned spinach, beets, turnips, carrots, and collard greens for infant younger than 6 months because excess nitrate can cause “blue baby” syndrome

- Drooling at 3 to 4 months as infant’s salivary glands become more active
- Talking to infant during feedings and encouraging social interaction
- No need for fluoridated water or fluoride supplementation during first 6 months
- Using infant toys to encourage development of skills infant uses when self-feeding





6 MONTHS

Interview Questions

For Parents of All Infants

- Can Rebecca wait without crying while you get ready to feed her?
- When does Rebecca have something to eat or drink? How much does she eat or drink at a time? What does she do when she has had enough to eat?
- How does Rebecca let you know when she likes a certain food? Does she have favorite foods? If so, what are they?
- Has she eaten any foods from the family meal? If so, which ones?
- Has Rebecca fed herself anything?
- Do you know what Rebecca is fed when she is away from home (at child care, relative's home)?
- Has Rebecca's first tooth erupted? Has she had any teething problems?

For Mothers of Breastfed Infants

- Do you have any questions about breastfeeding?
- How often does Paul breastfeed? How long do you feed him each time?

- Has he received breastmilk or other fluids from a bottle or cup?
- Have you given Paul formula or cow's, goat's, or soy milk?

For Parents of Formula-Fed Infants

- How often do you feed Rebecca? How much formula does she drink at a time?
- Have you offered her anything other than formula?
- Does Rebecca want to help hold her bottle?
- Do you have any concerns about the formula (cost, preparation, amount, nutrient content)?
- Does the water you use to prepare the formula contain fluoride?

Screening and Assessment

- Assess the need for vitamin D and iron supplementation.
- Assess all sources of water used by family (municipal, well, bottled, home system-processed) and ready-to-feed formula manufactured without fluoridated water to determine the need for fluoride supplements. If infant is not getting enough fluoride, refer to a dentist or primary care health professional.

Counseling

Discuss with Parents:

- Introducing supplemental foods when infant is developmentally ready: when sucking reflex allows coordinated swallowing and infant can sit with support and has good head and neck control (about 4 to 6 months)
 - Offering new foods one at a time and observing infant for at least 7 days after each new food to ensure there is no adverse reaction
 - Introducing iron-fortified, single-grain infant cereal as first supplemental food because it is least likely to cause allergic reaction
 - Introducing pureed or soft fruits, vegetables, and meats after infant has accepted iron-fortified, single-grain infant cereal
 - Iron-fortified infant cereals and meats are good choices of supplemental foods high in iron
 - Serving fruits and vegetables rich in vitamin C to help infant absorb iron
- Feeding infant a variety of foods to ensure a balanced diet and promote healthy eating behaviors
 - Using a spoon and placing infant in sitting position when offering new foods
 - Not forcing infant to eat new foods he does not like (It may take 15 to 20 attempts before he accepts a new food.)
 - Not adding salt, spices, or sugar to infant's food
 - Offering finger foods (cereal, crackers) when infant can eat solid foods
 - Reducing use of store-bought and home-prepared baby food once infant can eat soft foods
 - Using a highchair to allow infant to be part of family meals (Recommend safety belt to prevent infant from falling.)
 - Cleaning infant's gums and teeth twice a day, using a washcloth on gums and soft toothbrush with water on teeth
 - Family play time with infant, benefits of playing with toys and with others





9 MONTHS

Interview Questions

For Parents of All Infants

- When does Bonnie have something to eat or drink? How much does she eat or drink at a time? What does she do when she has had enough to eat?
- Is Bonnie interested in feeding herself?
- What foods does she eat with her fingers? Has she used a cup?
- Is Bonnie interested in the food you eat?
- Do you know what she eats when she is away from home (at child care, relative's home)?
- Is Bonnie drinking less breastmilk or formula?
- Has she ever choked or gagged on food?
- Has Bonnie's first tooth erupted? Does she have any teething problems?

For Mothers of Breastfed Infants

- How often does Juan breastfeed? How long do you feed him each time?
- How is your milk supply?
- Has Juan had formula or cow's, goat's, or soy milk?

For Parents of Formula-Fed Infants

- How much formula does Bonnie drink?
- Are you using fluoridated water to prepare her formula?
- Do you have any questions about weaning Bonnie from the bottle?

Screening and Assessment

- Screen infant for iron-deficiency anemia if any risk factors are present. (See Iron-Deficiency Anemia, pp. 62–63.)
- Screen infant for lead exposure. (See Lead Exposure, pp. 64–65.)
- Assess need for neurological evaluation if infant stiffens during feeding, retains oral reflexes such as rooting, experiences delays in learning feeding skills, has difficulty swallowing, or refuses textured foods when developmentally ready.
- Assess all sources of water used by family (municipal, well, bottled, home system–processed) and ready-to-feed formula manufactured without fluoridated water to determine need for fluoride supplements. If infant is not getting enough fluoride, refer to a dentist or primary care health professional.

Counseling

Discuss with Parents:

- Offering soft, moist foods (mashed potatoes, cooked vegetables, rice, tuna, spaghetti with sauce) as infant changes from gumming to chewing foods
 - Giving infant small pieces of soft food when she is able to pick up and hold foods
 - Need for patience and understanding as infant tries new foods and learns to feed self
 - Removing distractions so infant stays focused on food
 - Using a highchair to allow infant to be part of family meals (Recommend safety belt to prevent infant from falling.)
 - Cleaning infant's gums and teeth twice a day, using a washcloth on gums and soft toothbrush with water on teeth
 - Encouraging infant's use of a cup with assistance
 - Giving infant midmorning, afternoon, and bedtime snacks
- Determining what and how much infant eats if she is fed away from home
 - Supporting infant physically as she plays and explores new strength and agility
 - Dangers of using infant walkers (risk of injury or death)

