NO PREP

Feeding Infants and Young Children

Includes: Student reading, case study, differentiated questions, teacher key

Name: Period: Date:

Feeding Infants and Young Children

Nothing But Milk

For roughly the first six months, a human infant needs exactly one thing: breast milk or iron-fortified infant formula. Not water, not juice, not cereal in a bottle, and not solid food. The American Academy of Pediatrics recommends exclusive breastfeeding for about six months, and it also states plainly that formula is a safe and nutritionally complete alternative, which matters because estimates have put the share of American

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For roughly the first six months, a human infant needs exactly one thing: breast milk or iron-fortified infant formula. Not water, not juice, not cereal in a bottle, and not solid food. The American Academy of Pediatrics recommends exclusive breastfeeding for about six months, and it also states plainly that formula is a safe and nutritionally complete alternative, which matters because estimates have put the share of American families who use formula at some point at roughly three-quarters. A fed baby is the goal, and the guilt attached to this decision does far more harm than the decision itself. Newborns feed on demand, generally eight to twelve times in twenty-four hours, and caregivers are taught to watch for early hunger cues rather than waiting for crying. Rooting, where the baby turns toward a touch on the cheek, hands moving to the mouth, lip smacking, and general stirring all come before crying, which is a late and frantic signal. A baby who has waited long enough to cry is usually too upset to latch well. Adults also worry about whether the infant is getting enough, and the reassuring answer is that diapers tell the story. Six or more wet diapers a day, steady weight gain, and a baby who seems satisfied after feeding are the practical indicators, and they are more reliable than counting ounces or minutes. Growth also does not run in a straight line. Babies go through stretches of feeding far more often for a few days at a time, which is normal and temporary, and it is one of the most common reasons a caregiver wrongly concludes that their milk supply has failed.

Starting Solids

Somewhere around six months, most infants are ready for their first solid food, and readiness is judged by the baby rather than the calendar. Three signs matter. The infant can sit up with support and hold their head steady, because swallowing safely requires an upright posture. The tongue-thrust reflex has faded, meaning food placed on the tongue no longer gets automatically pushed back out. And the baby

shows real interest, watching food travel to other people's mouths and reaching for it. Starting much before four months is associated with problems, and waiting well past six months can make later acceptance harder and risks running short on iron, because the iron a baby is born with begins to run low around then. That is why iron-rich first foods such as pureed meat, iron-fortified cereal, beans, and lentils are recommended early rather than the traditional rice cereal alone. New foods are introduced one at a time with a few days between, so that a reaction can be traced to a specific food. Texture progresses over months from thin purees to thicker mashes to soft lumps to finger foods, and that progression is itself developmental work, because chewing is a learned motor skill. Through all of it, milk or formula remains the primary nutrition source for the entire first year. Solid food in the first year is practice, not replacement. Practice is the right word, because the first months of eating are mostly about learning to move food around the mouth, tolerate unfamiliar textures, and coordinate a swallow. A meal where most of the puree ends up on the chin has still done its job.

The Advice That Reversed

Some feeding rules are absolute. Honey is never given before twelve months, because it can carry bacterial spores that cause infant botulism, a serious illness in babies whose digestive systems cannot yet handle them. Cow's milk is not used as a main drink before twelve months, since it is low in iron and hard on an infant's kidneys, though small amounts in cooked food are fine. Choking foods are excluded outright. But one major piece of advice reversed completely, and it is worth understanding why. For years parents were told to delay peanuts, eggs, and other common allergens until age two or three. Then a landmark trial published in 2015 found that infants at high risk who were introduced to peanut early had dramatically lower rates of peanut allergy than infants for whom it was delayed. Federal guidelines followed in 2017, reversing the old advice and recommending early introduction, in some high-risk cases as early as four to six months and in consultation with a doctor. This is a useful lesson beyond feeding. Guidance changes when the evidence changes, which means a caregiver who learned the rules a decade ago may be confidently repeating advice that has since been overturned. Checking current recommendations is not second-guessing; it is the job. Anyone introducing an allergen should also know what a reaction looks like. Hives, swelling around the

mouth, vomiting, or difficulty breathing after a new food all call for immediate medical care, and severe reactions almost always begin within minutes rather than hours.

Cutting Food So It Cannot Kill

Choking is the feeding risk that turns serious fastest, and the foods involved are predictable. Whole grapes are the most famous, because a grape is almost exactly the diameter of a young child's airway and its smooth skin lets it seal completely. The fix is to cut grapes lengthwise into quarters, not crosswise into coins, for children under about four. Hot dogs carry the same problem and get the same treatment, cut lengthwise and then into small pieces rather than sliced into circles. Whole nuts, popcorn, hard candy, chunks of raw carrot, marshmallows, and large globs of peanut butter round out the standard list, and all of them are best avoided or modified for young children. Beyond the food itself, three habits matter. Children eat sitting down, because walking or running with food in the mouth is how a manageable bite becomes an emergency. Children eat with an adult present, since choking is silent and a child cannot call for help. And meals are not rushed, because speed is a major factor. A caregiver certified in infant and child first aid, including how to respond to a choking infant versus a choking older child, is genuinely better prepared than one who has only read about it, and most Red Cross and hospital courses take a single afternoon. Caregivers should also know that a coughing child is still moving air and should be allowed to keep coughing, while a child who is silent, cannot cry, and is changing color needs immediate intervention. Telling those two situations apart is the whole skill.

Who Decides What

Almost every mealtime battle in a household comes from confusion about whose job is whose. The most widely used framework, developed by dietitian Ellyn Satter, is called the division of responsibility, and it splits the work cleanly. The adult decides what food is served, when it is served, and where. The child decides whether to eat and how much. When adults cross the line and start managing whether and how much, mealtimes become a contest, and the child learns to eat for the adult's approval instead of learning to read their own hunger. This is why the clean plate rule, bribing with dessert, and forcing bites tend to backfire over the long run. It also helps enormously to know that toddlers are supposed to reject new foods. Food neophobia

is a normal developmental stage that peaks roughly between ages two and six, and it likely protected small children who were mobile enough to reach unknown plants. Research suggests a new food may need ten to fifteen neutral exposures before a child accepts it, and neutral is the operative word, since pressure resets the count. The practical move is to keep offering the rejected vegetable alongside foods the child already eats, say nothing about it, and let the child arrive on their own schedule. It helps to remember that toddlers eat unevenly across a week rather than evenly across a day. A child who eats almost nothing at dinner and an enormous breakfast is usually balancing out over several days, which is exactly what appetite is built to do.

Key Information: Feeding Infants and Young Children

Detail	Information
First Six Months	Breast milk or iron-fortified formula only, fed on demand
Newborn Feedings	Roughly 8 to 12 times in a 24-hour period
Starting Solids	About 6 months, judged by sitting, head control, and interest
Honey	Never before 12 months due to the risk of infant botulism
Cow's Milk	Not a main drink before 12 months, though fine in cooked food
Peanut Guidance	Reversed in 2017 to recommend early rather than delayed introduction
Grapes	Cut lengthwise into quarters for children under about four
New Foods	May need 10 to 15 neutral exposures before a child accepts one

Case Study: The Broccoli Standoff

Whitney has a three-year-old named Cole who has decided that vegetables are not food. Dinner has become a negotiation with hostages. Two more bites and you can have ice cream. You are not leaving this table. Cole cries, Whitney gives in, and everyone eats angry. At a parenting class through the county extension office, Whitney learns the division of responsibility and does not love it, because it sounds like giving up. The instructor tells her to try it for three weeks: serve broccoli with foods Cole already eats, say nothing at all about it, and let him decide. Week one, Cole ignores the broccoli entirely. Week two, he pokes it and licks it, and Whitney says nothing, which she reports was the hardest part. Week three, at a Tuesday dinner, he eats two pieces and announces it like a news bulletin. Whitney writes in her class journal, I did not win. I got out of the way and he did it himself.

1. Whitney said the hardest part was saying nothing. Using the division of responsibility, explain why staying silent was the correct move.

_____

_____

2. Whitney's old approach used dessert as a reward. Explain what that teaches a child, and why the reading says it backfires over time.

_____

_____

Multiple Choice

1. Why should honey never be given to a child under twelve months old?
    a) It contains too much added sugar for infants
    b) It can cause infant botulism
    c) It can trigger a lifelong peanut allergy
    d) It blocks the absorption of iron from formula

2. How did federal guidance on introducing peanut to infants change in 2017?

a) It began recommending that peanut be delayed until age three

b) It removed peanut from infant diets entirely

c) It began recommending early introduction instead of delay

d) It applied only to infants with no family history of allergy

3. Under the division of responsibility, what does the child get to decide?

a) Which foods are served at the meal

b) What time the meal is served

c) Whether to eat and how much

d) Where the family eats the meal

Matching

Write the letter of the correct definition on the line next to each term.

Term	Definition
1. ___ infant botulism	A) The normal fear of new foods that peaks between roughly ages two and six
2. ___ food neophobia	B) The automatic tongue motion that pushes spoon-fed food back out of the mouth
3. ___ division of responsibility	C) Early signals such as rooting and hands to the mouth that come before crying
4. ___ tongue-thrust reflex	D) A feeding model that separates the adult's job from the child's job at meals
5. ___ hunger cues	E) A serious illness a baby under one can develop from spores found in honey

Fill-in-the-Blank

1. Honey must never be given before _____ months of age.

2. Grapes should be cut _____ for children under about four.

3. A new food may need 10 to 15 _____ before it is accepted.

Short Answer

Answer each question in 2-4 complete sentences.

1. Explain why the reading says forcing a child to clean their plate backfires over the long run.

2. The allergen advice reversed after 2015. What does that teach a caregiver about following guidance?

3. Describe two signs that an infant is developmentally ready to begin eating solid foods.