

A cartoon illustration of a baby with brown skin and hair, crawling on its hands and knees. The baby is reaching out with its right hand towards a red apple. To the left of the apple is an orange, and to the right is a green pear. Further right is a white bowl filled with yellow cereal, a blue spoon, a yellow banana, and a white sippy cup with a blue lid.

Good nutrition for your baby

DR. ELIZABETH G. JONES

Revised 7th Edition

The contents of this book have been approved by the HOSPITAL INFANTIL DE LAS CALIFORNIAS

This book has been written to assist parents and families in the basics of sound infant nutrition with the sincere hope it will help them relax and increase their joy during this special period.

Good Nutrition for Your Baby

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Dedication

To all Children,
Tomorrow's bright promise

Elizabeth L. Ford

GOOD NUTRITION FOR YOUR BABY



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This book is the accumulation of work from many individuals who have recognized the need for an easy guide to help parents and caregivers during the special time of their infant's growth and development.

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Index

CHAPTER I: Your new baby

Welcome	3
Feeding your baby	5
Water	6
Sleepiness	7
Bowel Movements	7
How to burp your baby	8

CHAPTER II: Breastfeeding your baby

Advantages of breastfeeding	11
Proper nipple attachment	13
Nipple pain	15
Enough milk?	16
Supplementing breastfeeding	17
Breastfeeding and medicines	18
Pumping and storing breast milk	18

CHAPTER III: Good nutrition for the breastfeeding mother

Daily Food Guide for the lactating mother	21
The Food Plate	22
The Apple of health	22
ABC Guide for lactating mothers	23
Can mother diet?	24

CHAPTER IV: Bottle feeding

Tips for bottle feeding	27
How much is enough?	28
About formulas	29
How to mix a formula	31
Why not fresh homogenized milk?	32

CHAPTER V: Introduction of Complementary foods

My Family	35
1 to 2 months	36
2 to 5 months	36
Complementary feeding	37
From 5 to 6 months	38
From 6 to 7 months	39
Drinking from a cup	40
I like my little cup	41
Bottle elimination (weaning tips)	42
From 7 to 8 months	43
From 8 to 9 months	45
From 9 to 10 months	46
From 10 to 11 months	47
12 months	49
My first birthday	51
A guide to good eating for the 1 to 2 year old	52
Vegetables and fruits with vitamin C	54

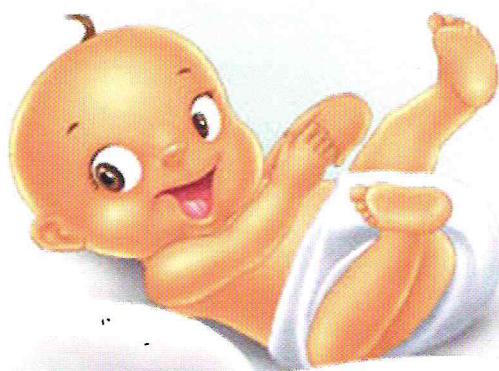
CHAPTER VI: Home prepared baby foods

Can I make my baby's food?	57
Recipes	58
Vegetarian diets	60

CHAPTER VII: Special Concerns

Watch out for these foods	65
Snacks	66
Bright smiles	67
Safe sleeping for your young baby	68
My second birthday	69
Glossary	70





Your New Baby

CHAPTER I



All families have the same desire for their children to be healthy. This book has been written to assist parents and caregivers in the basics of sound infant nutrition with the sincere hope that it will help them relax and increase their joy at having a new baby

The intent of this guide is not to replace your doctor or pediatrician who should be consulted when you have doubts about your infant's nutrition, especially when there are any signs of illness.

Place a photo
of your baby here



Good nutrition for _____

Your baby's name

WELCOME



Put your baby's footprint or handprint here



My name is: _____

I was born on: _____

At: _____

My weight: _____

My height: _____



WELCOME

Feeding your new baby

Babies may cry for many reasons, not just because they are hungry; they can cry when they are too cold or too hot, they need to be burped, crave to be held, want their diapers changed, are tired or sick, or have a desire to suck. Crying is usually the last sign of hunger; if your baby is starting to get hungry, he/she will often give you some early cues like putting his/her hands near her mouth, make sucking noises, searching for a nipple, and moving her arms and legs.

With time and practice, you will develop a special language with your baby; your baby will get better at giving cues for what he/she wants and you will get better at understanding those cues.

The seemingly old fashioned - system of feeding your baby when he or she is hungry is generally still the best method. However, you may help your baby establish some kind of routine to this "flexible demand" by encouraging him or her to eat at certain times and sleep at other times.

Remember that a fat baby does not necessarily indicate a healthy baby. Overfeeding during the first year of life may lead to the beginning of a lifetime problem.

Generally breastfed babies wake every 1 ½ - 3 hours. If he or she sleeps longer periods, we suggest you wake your baby every 3 to 3 ½ hours (day and night) the first two weeks of breastfeeding. This waking will be helpful in assuring your baby receives adequate milk, and be helpful in establishing your milk supply.

We suggest you wake your bottle-fed baby every 3½ hours during the day for the first week of

life if he or she sleeps longer periods. This should help prevent sleeping long periods during the day and waking frequently at night.

Your newborn's stomach is so small that he/she needs to wake up frequently to feed. Frequent feedings for your new baby prevents dehydration and promotes a desired weight gain.

Feeding your baby may take 15-30 minutes. Relax and enjoy your baby as you feed him/her. Always hold your baby comfortably close. At feeding times, babies receive both nurturing and nutrition from the person feeding them.

MOST BABIES:

- Double their birth weight by 4-6 months;
- Triple their birth weight by 12 months;
- Gain about 5 pounds per year between ages 2-5 years.

Water

A baby's water needs are usually met with breastmilk (it is 88% water!). Generally water is not recommended until at least 4 months of age or at about the same time of the introduction of solids. During hot weather, you may want to breastfeed your baby more often, but if your baby is formula fed, your doctor may recommend supplemental water between feedings.

Some new born breast-fed babies can become "nipple confused" if you introduce a bottle nipple too young. If you do give water with these babies, it is best to give any water by dropper, spoon or cup during the first few weeks.

TIPS:

- If you give water, give plain water; do not add sugar or sweeteners.
- Regular tap water in the U.S. is generally safe. When safe water is not available, you may use bottled water or boil the tap water and let it cool before giving it to your baby.
- Generally, 1 oz. of water is adequate for a young baby. After 6 months, you can offer 2-3 oz. in a cup.
- Caution! Do not substitute water for milk.
- It is generally not advisable to give juice during your baby's first year.



Sleepiness

A new baby who appears sleepy may be encouraged to keep feeding by:

- Occasional stroking under his/her chin,
- Caressing his/her hands, feet, tummy or head;
 - Removing some of your baby's clothes;
 - Burping, changing, and talking to you baby.

NOTE: sometimes a mother misinterprets her baby's rhythmical nursing as sleeping. If you hear a regular sound of swallowing, stimulation is not necessary.

Bowel movements

The number of bowel movements varies significantly among breastfed babies. A newborn may have at least 1 or 2 bowel movements a day or pass a stool after each feeding. As your growing, well breast-fed baby gets older (after 6 weeks of age); he/she may not have a bowel movement each day.

The color and consistency is different from a formula fed baby. A breastfed baby should have soft liquidy mustard colored bowel movements. Unlike formula fed babies, breast-fed babies rarely have problems of constipation.

However, any irregular patterns or changes in stool consistency or color, especially green color, or any indications of blood should be discussed with your doctor.

How to burp your baby

Breastfed babies usually do not swallow as much air as bottle-fed babies do. When your baby is tiny, it is wise to interrupt your baby's feeding to burp him/her after each breast, or after 2-3 oz. of feeding.

As your baby grows this will not always be necessary. However, it is wise to burp him/her at the end of each feeding.

Sometimes your baby will not burp because he/she does not need to, and you do not have to force it.

It is best not to jiggle or move your baby too much because your baby may spit up the milk.

BURPING POSITIONS

You may:

- a. Place your baby with his/her chin touching your shoulder. Pat your baby gently on the back until a belching or burping sound is heard. Feeding then may be continued and this burping repeated as often as needed.
- b. Place your baby face down across your lap. Pat your baby gently on the back until a belching or burping sound is heard. Feeding then may be continued. Repeat as often as needed.
- c. Place your baby on your lap in an upright position, holding your baby's head and chest with one hand. Pat the baby gently on the back until a belching or burping sound is heard. Feeding may be continued. Repeat as often as needed.





Breastfeeding your baby

CHAPTER II



Breastfeeding is a learned art.
The support of family, friends and health
professionals is important to its success.
We hope that the following suggestions
are helpful in establishing lactation and
the provision of this priceless nutrition,
breastmilk, often referred to as
“Liquid Gold”.

Advantages of Breastfeeding

Breastmilk is a special fluid that provides ideal nutrition for most babies. There are many advantages to breastfeeding:

BREASTMILK:

- Is perfectly balanced nutritionally.
 - Contains natural protection against infections.
 - May be helpful in preventing allergies
 - Is easier to digest; therefore your baby may develop fewer problems with colic.
- Will enhance the development of your baby's intestinal lining.
 - Prevents most problems of constipation.
 - Promotes emotional and intellectual development.

REMEMBER:

Some babies learn breastfeeding very rapidly, but for others the learning process requires time and patience. Generally, it takes 4-6 weeks to have breastfeeding well established and the "mother-infant team" functioning really well.

BREASTFEEDING:

- Promotes good tongue and proper facial developments for future speech patterns.
- Solidifies the natural love and bonding it gives you and your baby.
- Provides skin-to-skin contact that is important for making your baby feel secure and loved.
- Is not only good for your baby, but it also benefits you, the mom, because:
 - It is convenient and economical.
 - It reduces your chance of developing ovarian and breast cancer
 - It releases hormones that help shrink the uterus back to its normal size.
 - May help you return to your pre-pregnancy weight faster.
 - When done exclusively, breastfeeding can help space pregnancy.
- Benefits our community and environment because it:
 - Saves some world resources.
 - Decreases pollution of air, water and land.
 - Decreases medical costs by helping to prevent illness and reducing possible allergies.

BREASTFEEDING TIPS

Your personal cleanliness is important to your baby's good health.

- Wash your hands frequently.
- Bathe or wash your breast at least once a day with warm water only, don't use soap since it may dry and irritate your nipples.
- Sit or lie comfortably and relax as much as possible; a rocking chair is nice.
- Have a glass of milk or juice to drink as your baby nurses, or to drink after he/she is finished.
- Take a few moments to hold and enjoy your baby.
- Use pillows to help support you and your baby.
- Hold your baby so his/her arms do not interfere with his/her contact to your breast.

If you are exclusively breastfeeding, try not to use artificial nipples (nipple shields and/or bottles) or pacifiers during the early weeks of breastfeeding. Because some babies may become nipple confused before they have mastered breastfeeding, making it harder to successfully breastfeed.

THE COLOR OF BREASTMILK

Colostrum, or your "pre-milk", is often clear colored and changes to a yellow color. Mature breastmilk is very watery at the beginning of the feeding, may have the appearance of skim milk and often is bluish in color (foremilk), until the fat is released later in the feeding and it may become creamier in color (hindmilk). It is important that your baby gets both types of milk so his/her hydration and calorie needs are met.

THE LET-DOWN REFLEX

When the father can sit with the mother and baby, giving love and encouragement, the "let-down" reflex (the flow of milk) is generally increased. Hormones stimulate this "let-down" reflex.

Signs of a good letdown are any or all of the following:

- A tingling sensation
- Fullness of the breast tissue around the nipple
- Milk may spurt from the nipples
- Slight tenderness from the breast and/or the uterus that decreases as your baby nurses.

NOTE: Not every mother feels "let-down" sensations.



Latching-on or attachment:

CORRECT BABY ATTACHMENT TO YOUR NIPPLE:

Proper attachment is probably the most important part of breastfeeding, it may prevent sore nipples, reduce baby from swallowing too much air, and stimulate sufficient milk supply.

- Sometimes you need to encourage your new baby to take your nipple. You may do this by gently stroking his/her cheek near the breast or touching your baby's lower lip with your nipple. Generally, your baby will turn and hunt the nipple and may even tease the nipple at the start of feeding to stimulate the milk flow. It is important that your baby attaches to all or most of the darkened area (areola) around your nipple, and not just the nipple.
- Bring your baby in close to your body; you should be tummy-to-tummy with your baby. Place your hand on your breast so it makes the shape of a letter C, making sure that your fingers are well behind your areola. Then you may remove your hand from around your breast, carefully supporting your baby's head to ensure proper breast contact.



- You may use one finger to partially depress your breast so that your baby can breathe more easily. This is not necessary for most babies and doing this can interfere with the desired close contact. Babies can breathe when they are latched on very closely with almost no visible space showing. Generally, the closer the better.
- Start your baby on the opposite breast each feeding. For instance, if at the previous feeding your baby initially fed from the right breast, begin the next feeding on the left breast. This is done because your baby sucks more vigorously at the beginning of each feeding. Also, this will empty one breast and stimulate milk production in the other breast. A safety pin on your bra strap that can be changed from side to side may be helpful in reminding you which breast to start with.

Breast feeding on demand is recommended for your new baby until he/she establishes more of a schedule close to every 1½ - 3 hours.



Correct attachment

A USEFUL TIP!

Usually the mother's milk supply increases if she rests between breast feedings, making it possible for her baby to obtain more milk and then sleep longer between feedings.

To help prevent sore nipples

- Be sure your baby is properly attached and closely held (see diagram, page 14).
- It is best not to use soap, lotions, alcohol or drying agents on your nipples. A few drops of breastmilk may be recommended for sore nipples. See your doctor or lactation consultant if concerned.
- Allow some air drying time for your nipples and use clean cloths or pads (not plastic) in your bra if needed. This can help prevent infection.
 - Support your arm comfortably with pillows on the side you are holding your baby during feeding.
 - Try changing your baby's position during feeding.
- Always break your baby's suction by putting a clean finger in your baby's mouth before removing your nipple from his/her mouth.

IF SORE NIPPLES DEVELOP...

- Feed your baby frequently for short periods. You may start on the least sore side. Please do not let your baby use you as a pacifier.
- Check with your doctor, dietitian/ nutritionist, nurse practitioner, lactation consultant or nurse if your problems persist, or if you notice discharge, bleeding, or undue swelling of the breast.

Is my baby getting enough breastmilk?

Your baby is getting enough breastmilk if he/she:

- Is sleeping 1½ -3 hours between feedings.
- Has 6 to 8 wet diapers in 24 hours (day and night).
- Has frequent bowel movements the first 6 weeks of life.
- Breastfeeds 8-12 times a day. As your baby grows, the number of feedings required each day will vary depending on your baby's individual needs, age, and rate of development.
- Has regained birth weight by the second week after birth and is gaining 4-7oz per week during the first several months.
- Sucks and swallows while breastfeeding (easier to hear in the beginning of the feedings).
- Seems content and satisfied after each feeding.

ESTABLISHING A GOOD MILK SUPPLY

To establish a good milk supply, the mother, needs:

- Good close positioning and correct latch of your baby at the breast (important for your baby to obtain enough milk) and also to prevent irritation or sore nipples.
- Rest - it is wise for you to take short periods of rest or sleep during the day when your baby is sleeping.
- A good balanced diet and drinking plenty of liquids! Try to include at least 3 meals and approximately 8-10 glasses of fluid daily although drinking to thirst is usually sufficient. You may eat all types of food unless a certain food seems to repeatedly cause your baby to be fussy following breastfeeding.
- Frequent breastfeeding with no supplemental feeds is best - Your baby's suckling is important to stimulate your hormone system to produce breastmilk. Generally, the stimulation of frequent feeds with proper attachment is essential for sufficient milk production.



Supplementing breastfeeding

Many breastfeeding mothers enjoy using an occasional replacement bottle or a cup. This allows a bit more freedom and gives other members of the family a chance to feed the baby. It can familiarize your baby with an artificial nipple and may prevent his/her rejection of the bottle should a breastfeeding need to be skipped, although babies who refuse a nipple can be spoon or cup fed when separated from their mother.

Supplemental feedings with a bottle or use of pacifiers are not generally recommended during the first 4-6 weeks of life, or until breastfeeding has been well established.

There are two important points to remember about supplementation:

1. Do not supplement routinely after each breastfeeding, as this will cause your milk to dry up.
2. Breastfeeding is a learned process and until it is well learned it is wise to avoid using all types of artificial equipment (bottle, nipples, etc.) Generally, the "mother-baby team" learning takes 4 - 6 weeks.

Breastfeeding stimulates the hormones responsible for the production of milk. Generally the more stimulation, the greater the amount of milk produced.

Pumping and storing breastmilk

You may express breastmilk and save it to use as an occasional replacement. You can express your breastmilk manually, by hand or an electric breast pump.

It is recommended to store and freeze breastmilk in 2-4oz quantities to prevent waste. Always date the frozen milk.

RECOMMENDED STORAGE TIMES

	Store fresh breastmilk	Use after thawing
Room temperature	6 hours	Within 1 hour
Refrigeration	4-5 days	Within 24hours
Freezer	3-6 months	Do not refreeze

Breastfeeding and medicines

Nursing mothers should not take drugs, check with your doctor, dietitian/nutritionist, nurse practitioner or lactation specialist if you have questions about specific allowed medications.

Smoking is not advised, especially in the presence of a baby. It can also reduce the amount of milk you produce.





Good nutrition for the breastfeeding mother

CHAPTER III



There are several guides available to help you establish a good nutrition plan. The following; I, II, III, are three different plans that have been successfully used by many mothers.

You should select the one guide that works best for you. Remember, the main goal is to consume a variety of foods in sufficient quantity to provide you with the essential nutrients your body needs.

The daily food guide for the lactating mother

Today, MyPlate is a food guide model recommended for families. MyPlate organizes foods into five different groups and illustrates them using a place setting for a meal.

MyPlate for Breastfeeding Moms was created to show the serving sizes recommended depending how much of your baby's diet is breast milk. The following outlines the general guidelines for breastfeeding moms.

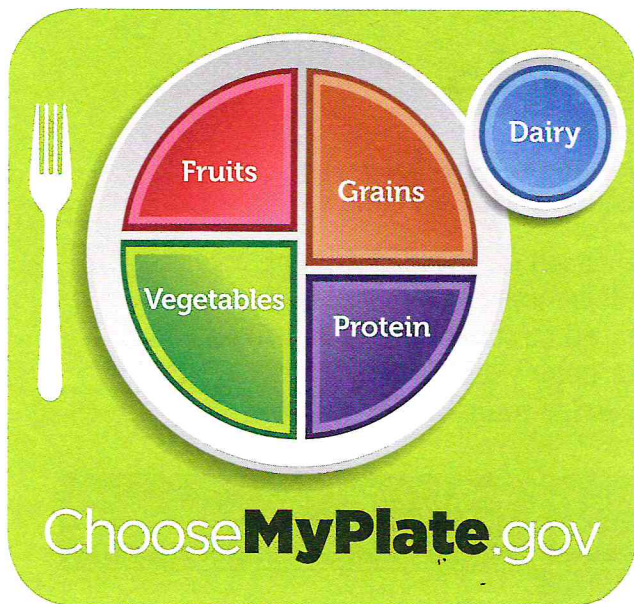
FOOD GROUP	BREASTFEEDING ONLY	BREASTFEEDING PLUS FORMULA	WHAT COUNTS AS 1 CUP OR 1 OUNCE?
Eat this amount from each group daily.			
Vegetables	3 cups	2½ cups	1 cup raw or cooked vegetables or 100% juice 2 cups raw leafy vegetables
Fruits	2 cups	2 cups	1 cup fruit or 100% juice ½ cup dried fruit
Grains	8 ounces	6 ounces	1 slice bread 1 ounce ready-to-eat cereal ½ cup cooked pasta, rice, or cereal
Dairy	3 cups	3 cups	1 cup milk 8 ounces yogurt 1½ ounces natural cheese 2 ounces processed cheese
Protein foods	6½ ounces	5½ ounces	1 ounce lean meat, poultry, or seafood ¼ cup cooked beans ½ ounce nuts or 1 egg 1 tablespoon peanut butter

If you are not losing weight you gained in pregnancy, you may need to cut back by decreasing the amount of "empty calories" you are eating.

You may need more or less than what is recommended in this plan. Talk to your dietitian/nutritionist to discuss your specific calorie goals.

Source: ChooseMyPlate.gov

Note:
1 ounce = 30 grams
1 cup = 250ml



I. MYPLATE FOOD GUIDE

Vary the color of your vegetables and fruits, choose whole grains, low-fat dairy products, and lean protein foods; these contain the nutrients you need without consuming too many calories.

II. THE APPLE OF HEALTH

In some parts of the world the "Apple of Health" is being successfully used as a guide for good nutrition. Again, a variety of foods in three meals a day is necessary to obtain the nutrients you need. The following provides a diagram of the number of portions recommended for each meal. You may reverse lunch and dinner according to your lifestyle.

	Breakfast	Lunch	Dinner
Grains and cereals	2	2	2
Fruit	1	1	1
Vegetables	1	1	1
Milk, yogurt or cheese	1	1	1
Chicken, fish, meat, eggs or beans	1	1	

ADDITIONAL REFERENCES

I. 'An evaluation of two Mexican Food Guides' Bacardi G. M., Jimenez-C., Jones E., Int'l Journal of Food Sciences and Nutrition 2002; 53 (1) 160-165.

II. 'Evaluation of food guides (for children) comprehension in Baja California' Bacardi, M. Jiménez, A., Congress for the Spanish Society of Dietitians and Nutritionist. Barcelona, October 2002.



III. ABC GUIDE FOR LACTATING MOTHERS

At this busy time in your life, it may be easier for you to follow a very simplified feeding guide. If you choose this guide, eating a variety of foods is necessary to include important nutrients you need.



Eat 3 meals and
2 nutritious snacks a day.



In each meal, include
at least one portion of:

1. Low-fat milk
or milk product
2. Lean proteins or
protein alternates
3. Fruits
4. Vegetables
5. Whole grain
breads and cereals.



Every time your baby
breastfeeds, drink a glass
of a nutrient-containing
beverage, ideally made
with 100% fruit juice,
low-fat milk or water.
If you have a toddler, you
can make this an opportune
time for you and your
toddler to have a drink
together, making your toddler
feel just as important as the
new baby during the baby's
breastfeeding time.

AN EXAMPLE MENU FOR THE LACTATING MOTHER:

BREAKFAST:

Fruit or 100% juice, or
1 small piece or 1 cup of fruit
Eggs, beans or a protein,
½ cup (2oz)
Whole wheat bread, 2 slices
Low-fat milk or yogurt, 1 cup

LUNCH:

Chicken, fish, meat, beans or
lentils, 1 portion (size of your palm)
or 1 cup
Fruits, vegetables or salads;
1 or more of each
Pasta, 1 cup
Low-fat cheese, 1/2 cup,
or milk or yogurt, 1 cup

DINNER:

Chicken, fish, meat, beans
or lentils, 1 portion
(size of your palm) or 1 cup
Fruits, vegetables or salads,
1 or more of each
Rice or potatoes, ½ cup
Whole wheat bread, 1 slice
Low-fat milk or yogurt,
1 cup, or 2 slices of cheese

Can a new mother diet?

Although weight loss diets are not recommended during lactation, it is always wise to try and eat good nutrient-containing foods rather than empty calorie 'junk' foods that provide little nutrition and often unneeded calories.

If you are eating all the recommended servings from MyPlate guide and still not losing 2 pounds (1 kg) per month, then you may limit your intake of "empty calories", these are added sugars and solid fats such as desserts, fried foods, butter, mayonnaise, fatty meats, sweetened cereals, sodas and other sweetened beverages.

After 3 months and established breastfeeding, more specific dieting may be considered, but please check with your doctor, dietitian/nutritionist, nurse, or lactation consultant. It is expected to take 6 - 8 months to return to your prenatal weight.

REFERENCES:

- I. American Academy of Pediatrics.
- II. Academy of Nutrition and Diabetes.





Formula Feeding

CHAPTER IV



Some parents prefer to bottle-feed their infant, either with expressed breast milk or formula. Nutritionally, this is an adequate alternative to breastfeeding and allows other members of your family to participate in the feeding of your baby. However, formula does not provide your baby with the unique components of your breastmilk, such as antibodies that help prevent illness. (Please refer to the previous breastfeeding chapter for more information on breast milk).

Tips for bottle feeding

- Sit comfortably and cradle your baby close.
- Tilt the bottle so that the neck of the top of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of sucking and swallowing air. A new baby who doesn't waste energy sucking air is more likely to take an adequate amount of formula. Air in your baby's stomach may give him/her a false sense of being full and may also make your baby very uncomfortable.
- In order to keep the nipple from collapsing, occasionally take the nipple out of the baby's mouth. This will make it easier to suck and lets him/her rest a bit.
- Burp your baby to release air that he/she has swallowed during feeding, usually after 2-3 oz of milk.
- NEVER prop up the bottle and leave your baby to feed him or herself.
- PLEASE do not put your baby to bed with his/her bottle. This is a very hard habit to break and can lead to:
 - Cavities in early childhood
 - Ear infections
 - Feeding and weight problems
- Holes in the nipple should be large enough for the milk to pass through easily, but not so large that the milk flows too fast. Feeding time should be 15 - 20 minutes.
- Never coat the nipple (of the bottle or pacifier) with sugar, honey, corn syrup or sweeteners.
- Feed formula at room temperature. Never heat formula in the microwave.

How much is enough?

As your baby grows and gains weight he/she will need more formula.

When your baby takes all of his/her bottle fairly regularly and sometimes cries for more, it may be time to increase the amount of formula.

The following is only a guide:

BIRTH - 3 WEEKS

2 - 3 oz. per feeding or (60 - 90ml.)
16 - 24 oz. per day (480 - 720 ml.)

3 WEEKS - 2 MONTHS

3 - 4 oz. per feeding or (90 - 120ml.)
21 - 24 oz. per day (630 - 720 ml.)

2 - 3 MONTHS

4 - 6 oz. per feeding or (120 - 180ml.)
24 - 32 oz. per day (720 - 960 ml.)

3 - 6 MONTHS

6 - 8 oz. per feeding (180 - 240 ml.)
24 - 32 oz. per day (720 - 960 ml.)

6 - 9 MONTHS

7 - 8 oz. per feeding or (210 - 240ml.)
24 - 32 oz. per day (720 - 960 ml.)

9 - 12 MONTHS

7 - 8 oz. per feeding or (210 - 240 ml.)
16 - 24oz. per day (480 - 720ml.)
appropriate to give part or all by cup

After the age of 6 months, when your baby starts solid foods he/she should drink less milk. By the age of one year, your baby should be taking approximately 16 - 24 oz. of formula per day, plus solids, equal to 3 - 4 medium size baby food jar (approximately 2 cups).

Generally your baby should not drink more than 32oz of formula in 24hrs. The baby who finishes his/her feeding rapidly and cries, may not want more but may need burping or simply wish some additional time for suckling. You can provide this by using a nipple with a smaller hole, or offer a pacifier after feeding. Use your common sense and experiment a little with amounts of milk and with suckling time.

The amount of formula taken at each feeding varies with age, size, and the rate of growth of your baby.

Use the bottle only for formula or water. Do not mix formula with other foods (such as infant cereal) and put them together in the bottle.

NOTE: Your baby needs less milk as he/she grows and eats more other foods.



About formulas

Use the infant formula prescribed by your doctor, dietitian/nutritionist, or nurse. It is wise not to make any changes until you have checked with one of them first.

Routine infant formulas are made from modified cow's milk. There are also several soy and special needs formulas available.

The necessary vitamins for your baby are included in the formula and most baby formulas are fortified with iron.

There are three main types of formulas available:

1. POWDER: Generally comes in one pound cans and requires mixing with water. It does not need to be stored in the refrigerator until it is mixed with water. (The usual dilution is 1 measure (1 tablespoon) to 2 oz. of water). This is less expensive than concentrated or "ready to feed" formulas. It is important to read the label carefully.

NOTE: Powdered formulas from other countries (even the same manufacturing company) may instruct you to combine a smaller size measuring scoop to 1 oz. of water. Most of the powdered formulas sold in Mexico have a smaller size scoop.

2. LIQUID CONCENTRATE:
Often comes in 13 oz. cans or bottles and must be refrigerated after opening. It requires mixing with water. (The usual dilution is equal parts of 1 oz. water to 1 oz. liquid formula)

3. READY TO FEED: Generally comes in cans or bottles of various sizes and must be refrigerated after opening. It needs no preparation or water added. This is the most expensive type of formula.

WHAT WATER TO USE?

Water directly from the tap in the U.S. may be used in preparing formula if you have water from a safe public water supply, or if your well is tested on a regular basis. Bottled water may be preferred. If questionable, boil your water before using and let it cool to room temperature. It may be stored in a clear jar in the refrigerator for 48 hours and used as needed.

BOTTLE FEEDING SAFETY TIPS

- Keep the can of powdered formula in a cool, dry place.
 - Cover opened cans of liquid milk or formula and keep refrigerated. Use as needed.
 - Also keep home prepared formula refrigerated no longer than 24 hours.
 - If you do not have a refrigerator, make only one bottle of formula as it is needed for each feeding.
 - Don't keep prepared formula at room temperature for long periods of time to prevent bacteria formation.
 - Do not save milk that is leftover in bottles for the next feeding. (It may be used for family cooking such as puddings).
- READ THE LABEL AND DIRECTIONS CAREFULLY. A failure to do this may cause many pediatric medical problems.
 - Wash your hands carefully before preparing the formula.
 - Wash all equipment in hot water with soap or detergent.
 - Use a bottle cleaning brush and carefully wash the nipples and nipple covers.
 - Squeeze water through the nipple holes during washing and rinsing to be sure the openings are not clogged. Rinse in hot water and let drain (do not wipe dry). Bottles, nipples covers, etc. may be cleaned in an electric dishwasher.
 - Prepare according to the label. Sterilization of bottles and formulas is not usually necessary. The "Clean Technique" on the following page is satisfactory. It may vary slightly, depending on the type of formula being used.



HOW TO MIX A FORMULA

“LIQUID READY TO USE” FORMULA:

- Wash the punch-type can-opener and the top of the can with soap and water before opening.
- Shake the can well before opening.
 - Open the can with a clean punch-type can opener and pour the quantity of formula needed directly into a clean bottle.
 - Put on clean nipple and cap.
 - Formula is ready to use at room temperature.

“LIQUID CONCENTRATE” FORMULA:

- Wash the punch-type can-opener and the top of can with soap and water before opening.
- Shake the can well before opening.
 - Open the can with a clean punch-type can opener and pour the quantity of formula needed directly into a clean bottle. Add the required amount of water (usually an equal amount of water and formula are used). Use bottle marking for accurate measurements.
 - Put on a clean nipple cap.
 - Formula is ready to use at room temperature.

“POWDER” FORMULA

- Pour safe water into a clean bottle.
- Generally, you add one packet or leveled measuring scoop (equals one tablespoon) of powder to each 2 oz. of water.
- Make sure to always add water first and then the powdered formula.
- Put on clean nipple and cap.
- Allow it to settle a few minutes; shake well to mix.
- Formula is ready to use at room temperature.

You can prepare more than one bottle at a time and keep it in the refrigerator or, you can save formula in a closed container in your refrigerator. Store your formula at a temperature cold enough for it not to develop bacteria.

NOTE:

Remember - Powdered formulas sold in Mexico instruct to use 1 scoop of powder for each oz. of water. The scoop is smaller than the standard scoop found in formulas manufactured in the U.S.

WHY NOT HOMOGENIZED MILK (WHOLE MILK)?

Fresh homogenized milk is not generally recommended during the first year of life. Before this time whole milk:

- May contribute to intestinal irritation and bleeding that can lead to anemia.
- Its high content of saturated fat may be poorly digested.
- It contains an imbalance of nutrients, including excess protein, minerals such as sodium, and phosphorus, which may cause problems in your baby's immature kidneys.
- Its protein is more difficult to digest and may be allergenic.
- It is a poor source of iron, vitamin C, and other nutrients your baby needs.

LOW FAT AND SKIM MILKS

These milks are generally NOT recommended for infants under 2 years of age as they provide excessive amounts of protein and minerals and lack necessary fat and essential fatty acids for brain development. Because they are also low in calories, an infant may not be able to take a large enough volume of them to meet his/her caloric needs.

The use of these milks is not usually advised for preventing or treating obesity. Check with your doctor, dietitian/nutritionist, nurse practitioner or nurse if you are concerned as there is ongoing research studying this topic.

SOY FORMULA

These formulas are made to meet the nutritional needs of your baby. Most are lactose free. However, these formulas may not be recommended if your baby has food allergies. Check with your doctor before using.

GOATS MILK

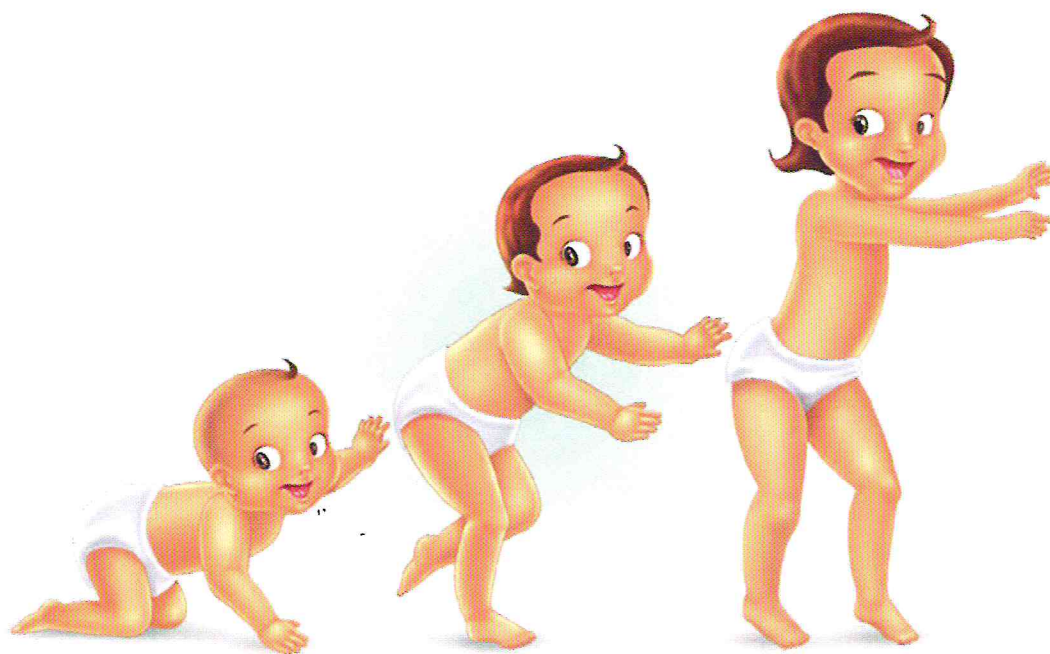
This is not the best choice for your baby. It is generally low in folate, vitamin C, D, and iron. It may cause serious medical problems if fed during the first month of your baby's life. Goats milk, like evaporated milk, needs to be mixed with water and sucrose when used for a baby. It is advisable to check with your doctor before using.

RAW MILK is not safe to drink, because it may carry bacteria and other germs that are very dangerous to your baby.

SPECIAL FORMULAS

There are several special formulas available on the market, but they should only be used under the direction of your doctor, dietitian/nutritionist, nurse practitioner or health care provider.





Introduction of complementary foods

CHAPTER V



The current recommendations by the World Health Organization (WHO) and the American Academy of Pediatrics advise beginning the introduction of extra foods in addition to breastmilk (or formula) ideally at 6 months of age.

In some cases, 4 months may be appropriate, depending on your baby's development stage. These additional foods are called complementary or solid foods.

It is still wise to continue breastfeeding as well until at least one year of age because of its superior nutrients, growth, development and anti-infective properties.

Family photo



My weight

My height

Date

1-2 months of age

DEVELOPMENTAL STAGE OF YOUR BABY

Your baby has a rooting reflex, suck and swallow pattern, and extension tongue movement (swallows liquids easily, but has difficulty with solids).

GENERALLY, YOUR BABY IS OFFERED

- Breastmilk: 8-12 feedings every 24 hours (approximately every 1 ½ - 3 hours), or
- Formula; 2 ½ - 4 oz. every 3 - 5 hours (approximately 21 - 24 oz. per day).

This provides approximately 480 calories. Do not give your baby additional water without first discussing this with your doctor.

Babies' water needs are usually met with breastfeeding or adequate formula preparation. Also, do not give your baby any herbal teas or water with honey or sugar.

Supplemental vitamins may be given if directed by your doctor. If you are exclusively breastfeeding, or if your baby is drinking less than 32oz of formula every day, your doctor might recommend Vitamin D supplementation.

2-5 months

DEVELOPMENTAL STAGE OF YOUR BABY

Your baby may be able to smack his/her lips. Eye control improves. His/her rooting reflex disappears around 3 months of age. After 3 months, you no longer need to support your baby's head. Make sure you make "tummy time" a daily routine to help strengthen your baby's head and back muscles.

GENERALLY, YOUR BABY IS OFFERED

- Breastmilk: 4-8 or more feedings every 24 hours, or
- Formula: 5-7 oz. every 3 ½ - 5 hours (approximately 24 - 32 oz. per 24 hours)

This provides approximately 640 calories. Supplemental water, iron and vitamins may be given if directed by your doctor.

Your baby needs no solid foods until 4 - 6 months of age, preferably 6 months, or until he/she weighs 6 - 7 kilograms (13 - 15 pounds), and/ or has doubled birth weight.

Other signs that your baby is ready for solids are:

- Can hold his/her head erect and sit with support
- Can move foods from the spoon to his/her throat
- Looks interested in what the family is eating and may even try to grab food from you.



Complementary foods

Starting complementary foods before 4 - 6 months of age is not recommended because:

- Breast milk and formula are nutritionally complete foods.
- The protein, fat and carbohydrate content of these milks are properly balanced for this age. The addition of solids changes this balance.
- Solids interfere with the absorption of iron from breastmilk.
- Physically, most babies do not have the motor development to eat solids.
- The early introduction of solids may increase the possibilities of developing allergies.
- The early introduction of solids may increase the sodium content of the diet, which might lead to high blood pressure when older.
- The early introduction of solids may lead to overeating and obesity.
- Solids have not been proven to help babies sleep through the night.

NOTE: Babies have hunger spurts at intervals. It is advisable to breastfeed more often on demand for this short period. If you are bottle-feeding, you may give more formula temporarily. However, remember your baby should be receiving approximately 32 oz. of milk in 24 hours. These are usually growth spurts and last for a brief period, causing a temporary desire for increased feeding.

Starting solids too late may create difficulty for your baby to accept new flavors and textures. It may also increase the possibility of vitamin deficiencies, anemia and developmental delay.

ADDITIONAL READING

American Academy of
Nutrition and Dietetics
American Academy of Pediatrics
World Health Organization
European Food Safety Authority



5-6 months

SOMETIMES 4 - 6 MONTHS IS APPROPRIATE

DEVELOPMENTAL STAGE OF YOUR BABY

Your baby's lips have muscular control to seal the mouth opening. The tongue can move back and forth. Your baby can begin to draw in his/her lower lip as a spoon is removed and shows a desire to touch, hold and taste objects.

GENERALLY, YOUR BABY IS OFFERED

- Breastmilk: on request (at least 5 feedings every 24 hours) or
 - Formula: (24-32 ounces every 24 hours).
 - Vitamins and minerals only if prescribed by your doctor.
 - Currently, there is no medical evidence that supports a specific order of introducing solids. Traditionally, iron-fortified, single-grain cereals are introduced first. Now soft cooked protein rich in iron such as pureed chicken, meats, beans or lentils are recommended. Follow the tips below to help your baby have a smooth transition to solids:
1. To avoid possible allergic reactions such as diarrhea, vomiting or a rash, offer single proteins or grains: baby cereals such as oats, barley or rice may be first foods. (Waiting until 7-9 months to give mixed cereals, high protein cereals and cooked cream of wheat is suggested).
 2. When you start, measure 1 teaspoon with 2-3 tablespoons of breast milk or formula. Make it thin (like the consistency of breastmilk or formula). As your baby grows older, you can make it thicker and increase the amount given to 3 tablespoons. (Do not add sugar)
 3. At first, your baby will appear to push the food back out of his/her mouth. This doesn't necessarily mean he/she does not like it, but that your baby is developing the ability to use his/her tongue to swallow.
 4. Do not feed foods in the bottle with milk. Feed from a spoon. This further helps the tongue muscle develop which in turn helps promote clearer speech patterns later on.

SAMPLE MENU FOR 4-6 MONTHS

BREAKFAST

Breastmilk or 5 - 7 oz. formula
1 tablespoon cereal(or soft cooked protein if directed by your doctor) given by spoon

MIDMORNING

Breastmilk or 5 - 7 oz. formula

LUNCH

Breastmilk or 5 - 7 oz. formula

DINNER

Breastmilk or 5 - 7 oz. formula

BEDTIME

Breastmilk or 5 - 7 oz. formula
(Please do not put your baby to bed with the bottle)

1 tablespoon of cereal* or pureed protein. Feed by spoon.

"PROTEIN" if used, is usually soft cooked pureed chicken, meat, soft cheese or beans.

*Gradually increase to 2-3 tablespoons during 5-6 months of age. You may mix food with breast milk or formula. Usually, it is best to start with a thin "soupy" consistency and thicken it as your baby gets older, although some babies prefer a thicker consistency from the start.

This provides 580-720 calories per 24 hours (500-700 from milk, 20-40 from solid foods).



6-7 months

DEVELOPMENTAL STAGE OF YOUR BABY

Your baby's up and down jaw movement begins (the beginning of the chewing process). Your baby controls suckling impulse, opens his/her mouth to accept the spoon, and turns his/her head freely.

GENERALLY, YOUR BABY IS OFFERED

- Breastmilk: on request (approximately 4-5 feedings every 24 hours), or
- Formula: 24-32 oz. every 24 hours.
- Vitamins and minerals only if prescribed by your doctor.
- Protein or Cereal: 4 - 6 Tablespoons of protein or dry infant cereal mixed with breast milk or formula given by spoon.

Now you may start introducing, **one at a time**, new foods as listed below.

REMEMBER

Begin with 1 teaspoon and gradually increase the amount given to 4 tablespoons.

Introduce only one new food to your baby's diet at a time. It is wise to wait 3-5 days before giving him/her another new food. If an allergic reaction such as rash, vomiting or diarrhea should occur, it would be easier to trace which new food caused the problem.

1.VEGETABLES

Offer strained or pureed vegetables, fresh, frozen or canned (1 teaspoon to start).

Offer your baby one new vegetable at a time, don't mix vegetables until you know that each one of them is well tolerated by your baby. You may start by offering sweet potatoes, green beans, squash, pumpkin and carrots.

2.FRUIT

Offer fresh, canned, frozen or well-cooked fruit that is strained or pureed, one at a time (1 teaspoon to start). You may use banana, apple, papaya, mango and pear. If your baby is constipated, you may offer pureed prunes or diluted prune juice (consult with your pediatrician since juice is not generally recommended during your baby's first year).

**SAMPLE MENU
FOR 6-7 MONTHS**

BREAKFAST

Breastmilk or 6-8 oz. of formula
2 Tablespoons of cereal or
protein given by spoon

MIDMORNING

Breastmilk or 4 oz. of formula
1-2 Tablespoons of strained vegetable

LUNCH

Breastmilk or 6-8 oz. of formula
2 Tablespoons of cereal or
protein given by spoon

MID-AFTERNOON

1oz of water given in a cup
1 - 2 Tablespoons of pureed fruit
 $\frac{1}{4}$ - $\frac{1}{2}$ slice of dry toast (if desired)

DINNER

Breastmilk or 4-8oz of formula
1 - 2 Tablespoons of protein or
cereal given by spoon

BEDTIME

Breastmilk or 6-8 oz. formula
(Please do not put your baby to
bed with the bottle)

This provides approximately 680-800
calories; 520-680 calories from milk and
120 from solid foods. "Protein" if used,
is usually pureed meat, chicken, soft
cheese, tofu, or beans

Mix cereal with breastmilk or formula
and give by spoon.

It is advisable to wait until one year
of age to give fruit juices

Drinking from a cup

Start cup introduction at 5-6
months of age. A small plastic cup
with a covered top and drinking
spout may be used. There are
several types on the market.

Using the bottle too long,
can cause medical, dental
and emotional problems.

Begin with small amounts of
breast milk, formula or water
and gradually increase the amount
given daily to 3-4 oz. As your baby
becomes familiar with the cup you
may decrease your breastfeeding
time or the amount of milk given
by bottle until your baby is
drinking all fluids from the cup.
(around 12 months of age)

Try to wean your breast fed
baby directly to the cup and
eliminate the intermediate
phase of the bottle.



Photo of your baby
drinking from a cup



My weight

My height

Date

I LIKE MY CUP!



Bottle weaning tips

5 TO 8 MONTHS

Start the following steps at 5 months of age with step 1. Your baby may take 2-3 weeks at each step to adjust to the change. These 5 steps should be completed by 8 months of age.

STEP 1. Gradually eliminate the midmorning bottle, and offer a cup. If your baby continues to require a nap after this feeding, settling may require rocking etc.

STEP 2. Eliminate the 5-6 am bottle (if habit) by giving only 2-4 oz. of breast milk or formula by cup. If he/she is not satisfied, you may also give your baby cereal at this time.

STEP 3. Try to establish a 3 meal-a-day plus 2 snacks pattern. Time these meals according to your baby's appetite and not necessarily the family schedule. Encourage your baby to join the family at mealtime for socialization and offer him/her finger foods if your baby was fed earlier.

STEP 4. Use a cup at meal times, being more concerned with learning feeding skills than the amount. Offer water between feedings to:

- a) Aid in learning,
- b) Supply fluids not provided by the eliminated 1 or 2 bottles.

STEP 5. Give some milk by bottle after meals if needed. (Sometimes a few swallows might be given during the meal to relax and encourage a fussy, hungry baby to take solids by spoon).

8 TO 12 MONTHS

Start the following steps when your baby has successfully completed the 5 previous steps. Each step may take about 3 - 4 weeks.

STEP 1. Eliminate afternoon milk bottles. Settle your baby for nap by rocking, etc. (Sometimes the elimination of the bottle is best accomplished by gradually decreasing the amounts of fluids given by bottle until the bottle is eliminated while increasing fluids by cup).

STEP 2. Eliminate bedtime bottle by decreasing amounts given and using a cup. If your baby begins to awaken during the night, a fourth meal of cereal, fruit and cheese or yogurt may be offered at bedtime. Your baby needs to learn to disassociate the bottle habit at bedtime. If it is not banned, the psychological dependence to the bottle can be very hard to change later.

STEP 3. Concentrate on the amount of fluid given by cup at meals. 3 - 4 oz. fluid given by cup during his/her meals and, 3 - 4 oz. given by bottle after the meal. By this time, your baby can hold the bottle and may or may not finish it. Your baby may be more interested in other play activities. Do not force the bottle. When it is consistently left unfinished it can be eliminated more easily.

STEP 4. Do not rush the elimination. Most babies weaned in the above manner have no problems forgetting their after-meal bottles.

STEP 5. Put bottles away forever and offer adequate liquids by cup.

NOTE: Some mothers wish to continue breast feeding into the second year. This is recommended by the World Health Organization (WHO) but the addition of solids should be emphasized.



7-8 months

DEVELOPMENTAL STAGE OF YOUR BABY

Your baby has the ability to grasp and move food from hand to mouth.

Your baby is able to keep mouth tightly closed. Teeth may be showing and he/she can sit with support.

Allow your baby to play with the food given.

GENERALLY, YOUR BABY IS OFFERED

- Breast milk: at least 4-5 feedings in 24 hours or
 - Formula: 24-32 oz. every 24 hours.
- Protein or Cereal: 4-6 Tablespoons a day.
 - Soft vegetables: 4 Tablespoons or ½ a medium size jar a day.
 - Fruit: 4 Tablespoons or ½ jar a day.
- Water: 2-4 oz. a day in hot weather, or if desired.
- Vitamins and minerals if prescribed by your doctor.

YOU MAY NOW CONTINUE TO OFFER:

EGG. Use the yolk (yellow part). Mash hard cooked yolk with a fork and mix with a little breast milk, formula or cereal. Some allergists are suggesting that the egg white can also be given now and may help prevent possible allergy in the future. Check with your doctor or begin with one teaspoon of egg yolk and gradually increase this amount until the whole egg is eaten.

COTTAGE CHEESE, RICOTTA AND PLAIN YOGURT. Begin with one teaspoon and gradually increase the amount given to 2-4 tablespoons.

MEATS, STRAINED OR PUREED. Gradually increase the amount to 2 tablespoons or ½ jar. Start with poultry, then beef, lamb purees, or soft

cooked beans and lentils may be given instead of meat. (They are a good substitute and may be given in the same amount).

FINGERFOODS. When your baby begins to reach out for things and put them in his/her mouth, he may enjoy having something hard to bite on like dry bread, toast, unsalted soda crackers or graham crackers. Close supervision is necessary to prevent choking accidents.

REMEMBER: Breast milk or formula is still the most important food for your baby. Therefore, the amount of food given to your baby should not be so great that your baby refuses the usual amount of breast milk or formula (at least 24 oz. but generally not more than 32 ounces).



SAMPLE MENU FOR 7 - 8 MONTHS

BREAKFAST:

Breastmilk or 6-8 oz. Formula
1-2 Tablespoons Cereal*
given by spoon
Cooked Egg Yolk
(Mash and mix with
breastmilk or formula)

MIDMORNING:

2-4 Tablespoons Strained Fruit
1-2 Tablespoons Plain Yogurt
or Cottage Cheese

LUNCH:

(may be reversed with dinner)
Breastmilk or 6-8 oz. Formula
2-4 Tablespoons Strained
Vegetable or soft cooked chicken
2-4 tablespoons of fruit if desired

AFTERNOON:

2oz. water** (give by cup)
½ slice Dry Toast or Dry Crackers

DINNER OR LUNCH:

Breastmilk or 6-8 oz. Formula
1-2 Tablespoons cereal* or pasta
½-1 Tablespoons Strained Meat
2-4 Tablespoons of Fruit
or Vegetable

BEDTIME:

Breastmilk or 6 - 8 oz. Formula
(please do not put your baby
to bed with the bottle)
1-2 Tablespoons Cereal* given by spoon

Once your baby consumes 3-4 Tablespoons
of protein, cereal, fruit or vegetable at one
meal, then it is usually time to introduce
another meal during the day, reaching the goal
of 3 regular meals plus snacks by the time your
baby is about 7-8 months old.

* Mix cereal with water, breastmilk
or formula. Start with a thin "soupy"
consistency and thicken as desired.

** It is advisable to wait until one year of age
to give fruit juices and then only in small
amounts because of its high sugar content.

This provides approximately 730-890
calories per 24 hours; 480-640 from milk,
and 250 from solid foods



8-9 months

DEVELOPMENTAL STAGE OF YOUR BABY

Your baby licks, bites, sucks strongly, sits well and has good head control. Your baby may also stand against furniture. Caution is needed when drinking from a cup to prevent spilling.

GENERALLY, YOUR BABY MAY BE OFFERED:

- Breastmilk: at least 3-5 feedings every 24 hours, or
- Formula: 3 - 5 feedings (24 - 32 oz.) every 24 hours (A portion of this is offered from a cup. See paragraph on the use of the cup).
- Cereal: 4 tablespoons of cereal mixed with breastmilk, formula, fruit or water
- Vegetables: 4 tablespoons
- Fruit: 4 tablespoons
- Plain water as needed
- Choice of Pureed meats, chicken, lentils, egg, mashed beans (no skin), cottage cheese, and yogurt, 2 tablespoons or ½ jar daily.
- Fingerfoods: hard dry toast, soda crackers without salt.
- Vitamins and minerals only if prescribed by doctor.

NOW YOU MAY ADD:

Ground meats, poultry or cooked fish, mild cheese and other infant cereals (wheat, mixed grains and high protein).

Be sure to offer meat in pureed form to prevent choking. Protein (for example tofu, lentils and cottage cheese) can be added to any of your baby's meals. Tofu can easily be mixed in with cereal or fruit. Your baby may also enjoy eating tofu cubes.

REMEMBER:

Vegetables and meat mixtures and baby dinners bought in jars do not contain much meat and are expensive.

One tablespoon of strained meat gives about the same amount of protein as in one jar of vegetable-meat dinner. The dinners also contain much less iron.

Fruit desserts generally contain more sugar than plain fruits.

9-10 months

DEVELOPMENTAL STAGE OF YOUR BABY

Your baby's hand coordination develops. Teeth are presenting. Your baby may still spill liquids from the corners of his/her mouth when drinking from a cup.

GENERALLY, YOUR BABY CAN BE OFFERED:

- Breastmilk as desired, or formula (using a drinking cup): 3-4 feedings in 24 hours, or a total of 24-32 ounces each day.
- Cereal: 4 Tablespoons or $\frac{1}{2}$ jar or more per day.
- Vegetables: 4 Tablespoons or $\frac{1}{2}$ jar or more per day.
- Water as needed.
- Choice of junior meats, egg, mashed beans, fish, tofu, cheese, cottage cheese, or yogurt: 2 - 4 tablespoons or $\frac{1}{2}$ jar a day.
- Teething foods: hard, Dry Toast, Soda Crackers, etc.
- Vitamins and minerals if prescribed by your doctor.

NOW YOU MAY ADD:

- Small amounts of foods from the table
 - Chewy finger foods, bite size pieces of soft meat, poultry or fish
- Soft cooked vegetables in strips or slices
 - Soft cooked fruits in pieces

SAMPLE MENU FOR 8-10 MONTHS

BREAKFAST:

Breastmilk or 4-6 oz. of formula
2 Tablespoons of cereal given by spoon
 $\frac{1}{2}$ slice toast
2-4 Tablespoons of mashed bananas

MIDMORNING:

Breastmilk or 4-6 oz. of formula
 $\frac{1}{4}$ cup diced cheese or yogurt
2-4 Tablespoons of mashed vegetables

LUNCH OR DINNER:

Breastmilk or 4-6 oz. of formula
2 Tablespoons of mashed beans or lentils
2-4 Tablespoons of mashed vegetables

MID-AFTERNOON:

1-2 teething crackers
2-4 Tablespoons of mashed fruit
2-4 Tablespoons of yogurt

DINNER OR LUNCH:

Breastmilk or 4-6oz of formula
1-2 Tablespoons of finely ground chicken or meat
2-4 Tablespoons of noodles or rice
2-4 Tablespoons of mashed fruit or vegetables

BEDTIME:

Breastmilk or 6-8 oz. formula
(Please do not put your baby to bed with the bottle)

This provides 800-1100 calories;
480-640 calories from milk and 320-460 from solid foods.



10-11 months

DEVELOPMENTAL STAGE OF YOUR BABY

Your baby may anticipate feeding with tongue action. Your baby can hold a cup and drink continuously.

He/she is now able to eat foods held with his/her fingers.

GENERALLY, YOUR BABY IS OFFERED:

- Breastmilk: 3 or more feedings in 24 hours, or
- Formula: 3 feedings in 24 hours (24 oz. total) using a cup
 - Cereal: 4 tablespoons or more per day
 - Vegetables: 4 Tablespoons (bite-size pieces)
 - Fruit: 4 Tablespoons (bite-size pieces)
 - Water as needed
 - Choice of bite size pieces of soft meat, poultry, fish, beans and lentils, mild cheese, cottage cheese, yogurt: 2-4 tablespoons per day
 - Teething foods: hard, dry toast, soda crackers, etc.

NOW YOU MAY ADD:

- A variety of regular table foods including mild casserole dishes. Your baby may now be feeding him/herself. It will be messy, but that is part of the learning process.
- Although, it is not generally recommended, whole cow's milk may be used if your baby is eating the equivalent of 2 - 3 small jars of baby food daily and does not drink more than 32 oz. of milk each day. Talk to your pediatrician first.

NOTE:

Breastfeeding is the preferred milk for the first year of life. If your baby has been formula fed, it is appropriate to continue with formula throughout the first year. Follow-up formulas may be used, but are not necessary.



SAMPLE MENU FOR 10-12 MONTHS

BREAKFAST:

Breastmilk or
4-6 oz. of formula
4 Tablespoons of
cereal given by spoon
1 mashed, cooked egg
2-4 Tablespoons of fruit

MIDMORNING:

½ grilled cheese sandwich,
cut into small pieces
3-4 Tablespoons of
mashed vegetables

LUNCH:

Breastmilk or
4-6 oz. of formula
2-3 Tablespoons
of beans or lentils
3-4 Tablespoons
of mashed vegetables
2-3 Tablespoons
of rice or pasta

MID-AFTERNOON:

2-4 animal crackers
3-4 Tablespoons of yogurt

DINNER:

Breastmilk or
4-6 oz of formula
2-3 Tablespoons of finely
ground chicken or
softmeat
2-3 Tablespoons
of noodles or rice
2-3 Tablespoons
of cooked vegetable

BEDTIME:

Breastmilk or
4-6 oz. formula
3-4 Tablespoons of soft,
peeled fruit
(Please do not put
your baby to bed
with the bottle)

This provides 850-1000
calories; 300-450 calories
from milk and 550-700
calories from solid foods.



12 months

DEVELOPMENTAL STAGE OF YOUR BABY

Now your baby is eating almost everything the family is eating. Your baby is drinking from a cup and has been weaned from the bottle and may be weaned from the breast, although it isn't necessary to wean from breastfeeding. The quality of mother's milk is still excellent.

You may continue with whole egg, limited juices and cow's milk to your baby's diet.

Remember, when your baby rejects a certain food, do not urge him/her to eat it. Sometimes they need time to "learn to like" certain foods.

As children grow and their taste buds mature, their acceptance of new foods changes.

Be patient, do not force, and simply try again by providing a nurturing feeding environment. Sometimes it takes several introductions (maybe 10 different tries over several days).

Toddlers have smaller appetites. Do not become distressed if your one-year-old suddenly seems to stop eating. Your baby may have tripled his/her weight by age 1, but will probably only gain about 5 pounds during the second year. After the first year, the growth rate slows down and your baby's appetite often declines. He/she does more developing and less growing during this period.

The caregiver is responsible for providing quality foods, but your child should be allowed to determine how much he/she wants to eat.

NOTE:

After his/her first year, the baby will consume a wide variety of foods three times a day, with well-planned servings. At the end of the second year, the majority of babies can feed by themselves.

A variety of the five food groups will provide the nutrients necessary.

Establishing a healthy and happy feeding relationship is important!

SAMPLE MENU FOR 1 YEAR

BREAKFAST:

Breastmilk or 4 oz. Whole milk
4 Tablespoons cereal with milk
1 Whole egg
1 - 2 Tablespoons of fruit

MIDMORNING:

1 - 4 oz. Fruit juice (citrus)
1 - 2 Graham crackers
1 - 2 Tablespoons plain yogurt,
Cottage cheese or tofu

LUNCH:

Breastmilk or 4 oz. Whole milk
1 oz. Fish or meat strips
or cooked beans
 $\frac{1}{4}$ - $\frac{1}{2}$ cup cooked vegetable
1 - 2 Tablespoons cooked rice
 $\frac{1}{2}$ - 1 Piece soft fruit

AFTERNOON:

Breastmilk or 4 oz. Whole milk
2 Plain crackers
1 Tablespoon peanut butter
or cheese

DINNER:

Breastmilk or 4 oz. Whole milk
1 - 2 oz. Cooked meat or beans
 $\frac{1}{2}$ oz. Cheese
2 - 4 Tablespoons
cooked vegetable
2 - 4 Tablespoons
potato or Pasta
 $\frac{1}{2}$ - 1 Piece of fruit
(Peeled and sliced)

BEDTIME:

Breastmilk or 4 oz. Whole milk
(please do not put your baby
to bed with the bottle).

Hopefully he/she is now
weaned if he/she has been
bottle-fed.

This provides approximately
1065 calories per 24 hours
(400 from milk, 665 (62%)
from solid foods).



Photo of your baby's
first birthday



My favorite food

My weight

My height

Date

A guide to healthy eating for the 1 to 2 year old toddler

These serving sizes are average; your toddler may need more or less and his/her appetite may vary from day to day.

FOOD GROUP	DAILY SERVINGS	SERVING SIZE	TOTAL FOR THE DAY
FRUITS Include fruits high in Vitamin C and A (see table on next page)	3-4 servings	1-4 Tablespoons 2-4oz of 100% fruit juice (only once for the day!)	1 cup
VEGETABLES Include vegetables high in Vitamin C and A (see table on page 54)	3-4 servings	1-4 Tablespoons	1 cup
GRAINS Include whole grains and Iron-fortified cereals	5-6 servings	½ slice of bread or tortilla 1-4 Tablespoons of cereal, oatmeal, rice, pasta or noodles 1-3 crackers	2 slices
MEATS AND OTHER PROTEIN Roasting, baking or broiling are the preferred cooking methods (Trim fat)	3-4 servings	1 Tablespoon meat, fish, chicken or 1-2 Tablespoons of cooked beans or tofu 1 egg or 1 Tablespoon of peanut butter	1.5 - 2 ounces
DAIRY	4 servings	4oz of milk ½ cup of yogurt, or kefir 1 slice cheese	2 cups (16 oz)



SAMPLE MENU FOR THE 1-2 YEAR OLD TODDLER

BREAKFAST:

¼ cup of diced peaches
½ piece of toast
1 hard-broiled egg

MIDMORNING:

¼ to ½ cup of cooked vegetables
2-3 crackers
1 string cheese, cut in small pieces

LUNCH OR DINNER:

4 oz apple juice
2 Tablespoons of cooked beans
½ cup yogurt

MID-AFTERNOON:

4 Tablespoons of oatmeal (¼ cup)
with 4 oz of whole milk
½ Tablespoon of peanut butter
mixed in oatmeal

DINNER OR LUNCH:

¼ to ½ cup of spaghetti
with tomato sauce
¼ to ½ cup of cooked vegetables
1 oz of ground meat

BEDTIME:

¼ cup of cereal with 4 oz of whole milk
½ banana, cut in small pieces

An important part of feeding your one to two-year old is giving the child an opportunity to be at the table with the family when they are eating. This is important even if the child has been fed earlier. The child seeing the others eating encourages the child to try new foods. It is also an opportunity for quality time together.

Parents need to be very patient as their child learns to like new foods as he/she grows and develops. Please do not force your child to eat during this learning period. Remember it may take several tries before a child will accept a new food. Sometimes it takes 5-10 or more tries over several weeks. Your child is the best judge of the amount he/she wants, but it is the family's responsibility to provide healthy choices and be good role models.



FRUIT AND VEGETABLE

Sources of vitamins A and C

SOME SOURCES OF VITAMIN A:

Sweet potato
" Spinach
Kale
Carrots
Pumpkin
Cooked greens
Apricots
Cantaloupe
Sweet red pepper
Broccoli
Papaya
Tomatoes
Mango
Brussels spouts
Guava
Watermelon
Squash

SOME SOURCES OF VITAMIN C:

Guava
Sweet red pepper
Green pepper
Broccoli
Strawberries
Brussels sprouts
Papaya
Oranges
Cantaloupe
Cauliflower
Kale
Mango
Sweet potato
Cooked greens
Cabbage
Watermelon
Tomatoes
Squash
Banana
White potato
Pumpkin

The best sources are highest on the lists.





Home prepared baby food

CHAPTER VI



Home prepared infant foods made with love and care can provide an excellent source of nutrients. Good hygiene and clean food preparation is essential to protect your baby!

Can I make my own baby food?

HOME-PREPARED BABY FOODS?

If you choose, you may make your own baby foods. They should be prepared carefully to prevent contamination with microorganisms and toxins.

Follow the order recommended on the previous chapter regarding what foods to introduced first; remember, start by offering single-ingredient baby foods and if well tolerated, you may mix ingredients once you know they are safe for your baby.

BE CAREFUL WITH NITRATES!

It is wise to wait until 6 months of age to offer your baby homemade spinach, beets, green beans, squash, and carrots since they may contain large amounts of natural-occurring nitrates.

GENERAL PREPARATION INSTRUCTIONS:

1. Baby foods can be prepared by using a food grinder, electric blender, food mill or simply by smashing the food with a fork to obtain the desired consistency.
2. You may use breastmilk or formula to get the desired consistency; these liquids may add extra nutrition and familiar taste for your baby. Many parents prefer pureeing without adding any liquids and thin the foods right before serving them to the baby.
3. Before preparing food, scrub all equipment used with soap and water and rinse well.
4. Fresh food is best. If others are used, labels should be checked, and those with high salt and sugar content should be avoided.
5. Do not add any sugar, salt or other spices to your baby's first foods; spices may be introduced after 7 months (but talk to your nutritionist or pediatrician first).
6. Freezing is recommended for storing foods longer than 48 hours. Foods can be frozen in ice cube trays or small airtight containers so that individual servings may be thawed and used one at a time.

Labeling and dating all frozen foods is advisable. Foods can be frozen up to 3 months at 0 F (-20 C).

Recipes

BEANS, PEAS, LENTILS (legumes)

Makes approximately 2 ½ cups

1 cup any legume

3 cups water

½ cup milk

1. Rinse legumes. Soak in water overnight or you can bring to boil for 2 minutes, cover and allow to set for two hours.
2. Simmer for 2 hours or until tender.
(Lima beans - 1hr,
black-eyed peas - ½ hour).
3. When the legumes are soft, remove from heat and mash with a fork or press legumes through a sieve to remove pulp. Add ½ cup milk to thin. If you prefer, puree with a food mill or blender and add ½ cup milk to thin.
4. Place legumes in small containers or in a divided ice cube tray and freeze. Place frozen cubes in freezer bags and use as needed (write the date on the bag).

NOTE:

Soaking and cooling are unnecessary when a pressure cooker is used.

ANY MEAT

- a. Cook the meat or poultry with a small amount of water. Cook until tender, but do not overcook as this will toughen the meat and can make it difficult to puree.
- b. Remove any fat, skin or bones.
- c. Place in a food mill or blender. To thin, use ½ cup of milk, cooking juices, or other liquid for each cup of meat prepared.
- d. If you prepare more than enough for one meal, cool the pureed meat in small containers or in ice cube trays.
Then freeze and store the cubes in plastic bags for later use.

FOR ONE SERVING

½ Cup lean meat
(lamb, beef, veal,
chicken, lean pork)

2 Tablespoons of liquid
(broth, milk or water)

Combine and blend
until smooth

(Makes approximately
½ cup).



FRUITS OR VEGETABLES

Makes approximately $\frac{1}{2}$ cup:

$\frac{1}{2}$ Cup cooked vegetable or fruit

Liquid (water) for the desired consistency
(usually 1 tablespoon)

Combine and blend until smooth.

A variety of fruits and vegetables can be prepared. Some good choices are peaches, pears, apricots, apples, bananas, green beans, peas, squash, carrots, and sweet potatoes.

For dessert, you may use crushed ripe banana or other fruits mixed with yogurt, cottage cheese, or gelatin. Custard or puddings made with milk may be served. If gelatin is served, make it with milk or juice. Gelatin alone has almost no food value; therefore, it should be made with fruit juice or milk to provide nutrients.

MEAT DINNER

Makes approximately 1 cup:

$\frac{1}{2}$ Cup cubed, cooked meat
(lamb, beef, veal or chicken)

2 Tablespoons cooked vegetables
(carrots, peas, squash, spinach)

$\frac{1}{4}$ Cup cooked rice, potatoes or noodles

$\frac{1}{2}$ Cup milk or broth

Combine and blend until smooth.

What about vegetarian diets?

Protein from our food is essential for growth and maintenance of healthy body tissue. Protein is made up of building blocks called “amino acids”. Some of these amino acids must be supplied by the diet because the body cannot make them in the quantities and amounts needed.

High quality proteins (complete proteins containing all the necessary amino acids) are of animal origin (meat, poultry, fish, cheese, eggs, milk). Low quality proteins (incomplete proteins) are of plant origins (grains, legumes, nuts).

Recommended snacks include vegetables, yogurt, cereals, milk, eggs, pureed nuts and seeds.

Enough low quality proteins can be eaten throughout the day by adults to fill in or complement the necessary amino acids missing in each food. This improves the overall quality and increases the body’s ability to utilize the proteins.

Because children are rapidly growing, and often eat small quantities, extra care must be taken in quality proteins selected for their meal plans. Also, enough calories must be supplied so that the selected proteins will be used for growth and repair and not just for energy needs.

Even though a well-planned vegan diet may be healthy for infants and toddlers, it is very hard to achieve these needed levels of protein values if the child’s meal plan does not include dairy products. Therefore, the use of dairy products is strongly recommended for children. If you follow a vegetarian plan and your baby is not breast-fed, you may use a soy-based commercial formula.

When it is time to start the introduction of solids, you may follow the feeding guide and continue to use the soymilk. In place of introducing meat, you can prepare baby food using tofu, soft cheese, yogurt, cereals, milk, eggs, pureed nuts, seeds, and plant foods, cooked and blended in purees.



TYPE OF VEGETARIAN	MAIN PROTEIN SOURCE	POSSIBLE DEFICIENCY	CORRECTION NEEDED
LACTO-OVO-VEGETARIAN	1. Plant Foods 2. Milk Products 3. Eggs	None if well planned	None if well planned
LACTO-VEGETARIAN	1. Plant Foods 2. Milk Products	None if well planned	None if well planned
VEGAN VEGETARIAN	1. Plant Foods	Vitamin B-12	B-12 supplement to prevent anemia or use fortified soymilk.
		Calcium	Add dark-green leafy vegetables, pureed almonds, soy, or fortified soymilk and fortified orange juice.
		Riboflavin	Increase green leafy vegetables
		Iron	Include Vitamin C sources (page 54) to increase Iron absorption. Iron is found in beans and lentils, nuts, dried fruit and fortified grains.
		In children: Vegan diets may not provide enough protein and calories	Addition of dairy products

COMPLEMENTARY PROTEINS

Combining incomplete proteins allows you to create a complete protein for adequate nutrition. Some vegetable protein combinations are:

- Beans and corn tortillas
- Beans and rice
- Peanut butter and bread
- Lentil soup and wheat crackers
- Quinoa and black beans
- Hummus and pita bread

The amino acids in milk products and eggs also complement plant proteins. Some combinations include cereals and milk, pasta and cheese, bread and cheese, beans and cheese, rice and milk, bread and eggs, peanuts and milk.



Special concerns

CHAPTER VII



Some foods can cause problems depending on their consistency and the child's ability to chew and swallow. A child should always be seated any time he/she is eating.

Watch out for these foods!

THESE FOODS SHOULD BE AVOIDED:

1. Because they may cause your baby to choke, the following foods should be avoided: nuts and seeds, potato chips, fruits with seeds, popcorn, raw vegetables, fish with bones, tough meats, small or hard candies, hot dogs, whole grapes, and spoonfuls of peanut butter.

They may be safely introduced after your baby is 3 - 4 years old.

2. Because they may replace more nutritious foods and encourage a "sweet tooth": Sugary cookies, pastry, sugar coated cereals, candy, cake, soft drinks, artificially flavored fruit drinks, and beer. You may offer 100% juice after your baby is 1 year old, but the suggested limit is 4 oz/day.
3. Because they are hard to digest: Bacon, sausage, fatty or fried foods, gravy, highly spiced foods, whole kernel corn.
4. Because they can cause botulism in the baby under one year of age: honey and corn syrup.

POSSIBLE ALLERGIES:

In families with a history of allergy, the foods most likely to cause problems are: cow's milk and milk products, eggs, wheat, peanuts and tree nuts, shell fish. Soy milk and tofu, may be added problems.

Your doctor may advise waiting 2 to 3 years to introduce some of these foods. However, some may encourage early introduction in hopes to increase tolerance.

Always introduce any new food the first time at home to carefully observe any possible reaction.

Breastfeeding for as long as possible is recommended.

Snacks

Children need to eat more often because their stomach is still small and they are very active throughout the day. Snacks help provide the calories and nutrients they need.

Snacks should not be “junk” food, but should contribute to your baby’s nutrition.

SOME GOOD SNACKS ARE:

BABIES 6 - 8 MONTHS

Mashed soft Cooked Vegetables
Cottage Cheese or Yogurt
Graham or Unsalted Soda Crackers
Ripe Banana
Toast Strips

BABIES 9 - 12 MONTHS

Soft Cooked Vegetables
Peaches, Apples, Pear, Apricot,
Papaya, Banana Slices
(peeled, raw or canned)
Soft Cheese
Hamburger, Tiny Meat Balls
Egg Yolk (cooked)
Strips of tender Beef or Chicken
Cottage Cheese
Tuna
Toast
Yogurt

BABIES 12 MONTHS OR OLDER

Dry, unsweetened cereal with milk
Graham crackers, oatmeal cookies
Fresh or canned fruit
Fruit juice (limit to ½ cup per day)
Cheese (cubed)
Meat or peanut butter sandwich
Quick breads, such as banana and pumpkin
Thin raw vegetable strips(may be spread
with peanut butter, low-fat cream cheese,
or plain yogurt)
Yogurt, kefir
Frozen yogurt

NOTE:

Children should be served their snack, be allowed to eat it and not eat again until the next meal. It is always wise to give nutritious snacks, but not to give them frequently during the day. If they are allowed to eat from the cupboards and from the refrigerator at will, they may turn the day into one continuous snack period. Then meals can have little meaning and many medical, dental and weight problems may result.



Bright smiles

It is important to begin your child's oral care early, even before the first tooth appears. It is a good idea to wipe out the baby's mouth with gauze, or a soft clean cloth at least once a day.

A baby should never be allowed to sleep with a bottle of milk, juice, or any sweetened liquid. Fruit juice should be given by cup in moderation as too much can harm the tooth enamel and can cause cavities. It is also wise to begin introducing the cup near 5 months of age.

Once the teeth appear, they should be cleaned daily with a soft toothbrush.

Be careful that your baby doesn't eat the toothpaste! You may also use fluoride-free toothpaste. Check with your dentist regarding the use of any fluoride toothpaste or supplementation.

Don't give sugary snacks, especially ones that stick to the teeth. Rinsing the mouth following a snack is recommended.

It is also recommended to visit the dentist by your baby's first birthday to prevent future dental problems. Fluoride supplements are not recommended for children residing in a fluoridated water community. Your child's dentist may give a fluoride treatment to your child's teeth at every visit.

If your baby uses a pacifier do not dip it in honey or sugar or lick it to clean. If you give fruit juice, offer only 4oz/day, as it too can harm the tooth enamel and cause cavities.

Safe sleep for your baby

To reduce the risk of SIDS and other sleep-related causes of infant death, it is advisable to place your baby on his/her side or back to sleep, for naps and at night.

It is also recommended that your new baby sleeps in the same room as you do, but not in the same bed. If you bring your baby into your bed to breastfeed, return him/her back to the bassinet, crib or co-sleeper to reduce the risk of suffocation. It isn't safe to use pillows, loose blankets, quilts, or crib bumpers anywhere in your baby's sleep area.

To prevent the risk of overheating, dress your baby in no more than one more layer of clothing than an adult would wear to be comfortable. Keep room at a temperature that is comfortable for an adult.



Enjoy your baby!

Mealtime should be a happy and enjoyable experience for you, your baby and family. Remember that as a child grows and develops, he/she is constantly experimenting and learning to like new foods. Sometimes this takes many new food introductions over time. Please, do not force feed your baby, instead, be a good role model for your child.

Photo of your baby's
second birthday



My favorite toy

My weight

My height

Date

MY SECOND BIRTHDAY



GLOSSARY

Anemia: any condition in which the number of red blood cells and/or the volume of red blood cells is less than normal.

Amino Acids: are the basic building blocks of proteins. The body produces some amino acids, (non-essential) and others are supplied by the foods we eat (essential).

Botulism: food poisoning caused by poisons that are produced by micro organisms that grow in a low oxygen environment (these micro organisms can occur in food naturally but are usually found in a improperly processed canned foods).

Colostrum: it is the first fluid that comes from the breast before actual milk is produced. The fluid is high in proteins, vitamins and minerals. It contains substances that protect the baby against infections and aids in digestion.

Complementary Proteins: those proteins that when eaten together provide the correct combination of amino acids (building blocks) the baby needs to build quality new protein.

Developmental Stage: a general guideline of how your baby will progress, as he/she grows older.

Latching-on-Attachment: the proper placement of the breast in the baby's mouth so that adequate feeding can take place.

Let Down Reflex: stimulation causing the release of the hormone oxytocin. This causes the muscle fibers around the milk glands to contract and force milk into the milk ducts.

Microorganisms: plants or animals such as bacteria (germs) and viruses that are so tiny they can only be seen under the microscope.

Red Blood Cells: are the major component of blood with the main function to transport oxygen to vital organs.

Saturated Fats: fat that becomes solid at room temperature and comes mainly from animal food products (such as butter, lard and meat fats).

Suckling Time: the amount of time the baby desires to suck in order to relieve tension in the mouth-lip-tongue area.

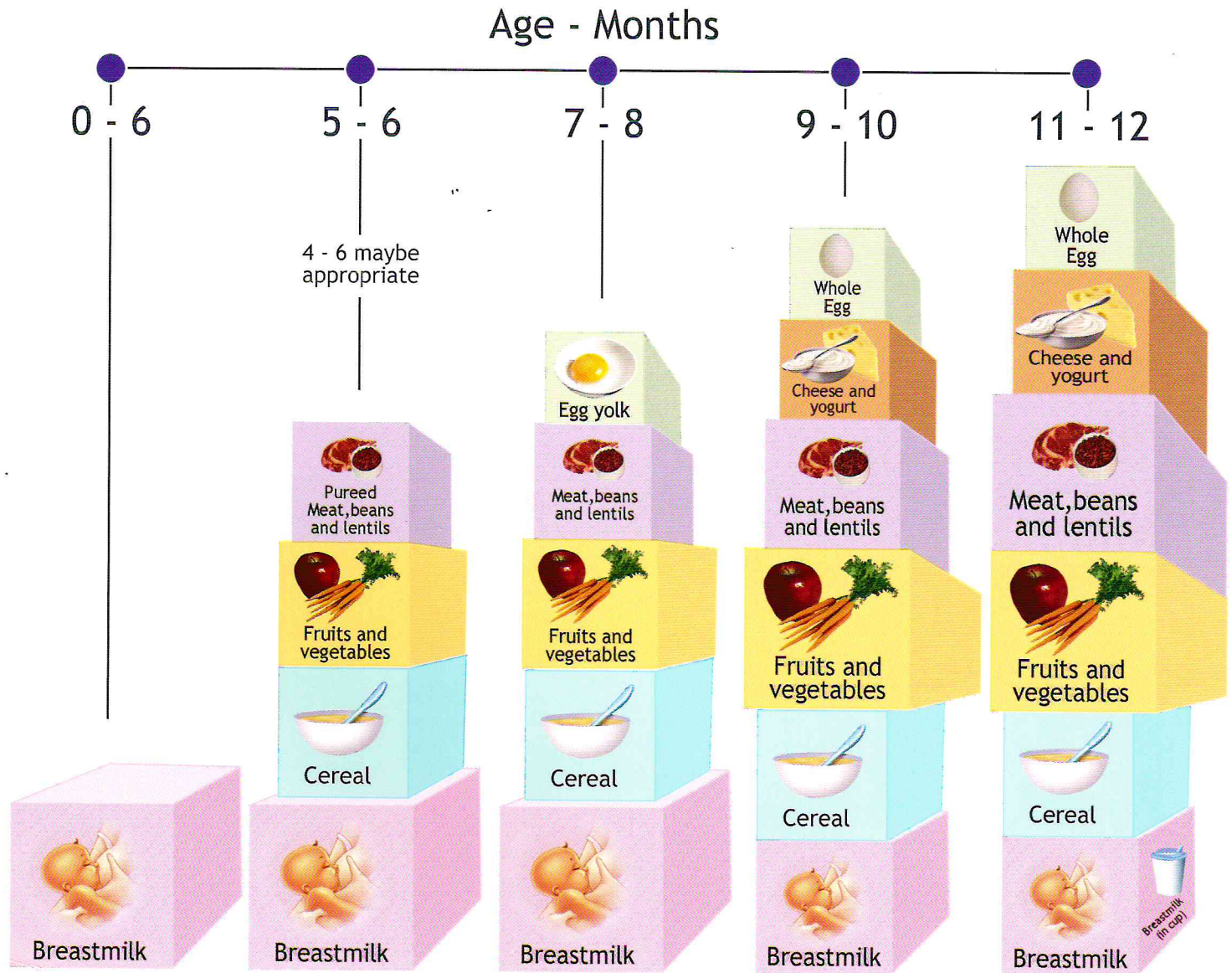
Toxins: the poisons produced by germs or other forms of animal or vegetable life that are capable of causing disease.

Vegetarianism: practice of eliminating animal origin products from the diet.



A SUGGESTION FOR A COMPLIMENTARY FOOD GUIDE

Infants need complimentary foods to gain exposure to new flavors and textures.
Each child's ability to learn eating skills will vary with their individual growth and development.





Chapter I

Your new baby



Chapter II

Breastfeeding
your baby



Chapter III

Good nutrition for the
breastfeeding mother



Chapter IV

Formula feeding



Chapter V

Introduction of
complementary foods



Chapter VI

Home prepared
baby foods



Chapter VII

Special concerns



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