



Young children often like to feed themselves but they may need helping.

RESPONSIVELY FED. Sensitive to child's needs

Starting to feed other foods to breastfed children requires a new pattern of responses to children's needs and cues by their mothers and caregivers. The consistency and texture of the foods given, how they are fed, and the amounts offered needs to change as children grow and learn how to move food around in their mouths, to chew, to hold foods and a spoon, and in time to feed themselves. What is appropriate at 6 months is not the same as at 12 or 18 months. This child-sensitive feeding is referred to as 'responsive feeding' and involves carers helping and encouraging children to eat, (without force feeding), feeding slowly and patiently, experimenting with different foods and minimising distractions so that feeding becomes a time for learning and love. Complementary feeding and continued breastfeeding is part of a caring transition from exclusive breastfeeding through to family foods.

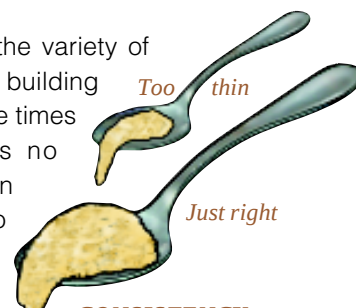
HOW TO FEED OTHER FOODS WHILE CONTINUING TO BREASTFEED.

6-8 months: Exploring food & starting to eat

To begin with, the aim is simply to encourage breastfed babies to experiment with the new experience of having food in their mouths. The exact timing of developmental readiness for eating varies from one baby to another. Some babies are much more enthusiastic about starting other foods at 6 months than others. It doesn't matter if on some days they spit out their food or seem to play with it rather than eat it, because they will be getting most of their nutrition from breastmilk. If children refuse foods, they need to be encouraged to try different foods, tastes and textures. Frequent breastfeeding on-demand can provide almost all babies' energy needs between 6-8 months so if they show little interest in eating but are being breastfed frequently, there is no reason to be overly concerned. From 6 months, the two key nutrients which babies require in greater amounts than can be provided by breastmilk alone are iron and zinc, so the priority would be to give red meat, supplements or appropriately fortified foods.

At first, babies need soft foods that do not require much chewing such as a thick puree of mashed meat, fish, egg, pulses, vegetables. Some babies are also happy with pieces of soft food, such as 'sticks' of cooked vegetable, which they can hold and suck or bite using their gums. Breastfed babies have been exposed to the taste and flavours of their mother's foods through breastmilk and studies suggest that they are more likely to accept foods that share the flavour of their mother's diet¹⁵.

Gradually the amount and the variety of food offered can be increased, building up to offering meals two or three times a day. At this age, there is no advantage to offering more often because this is likely to displace breastmilk and may lower baby's overall intake.



CONSISTENCY OF FOOD FOR OLDER BABIES

Foods with a thick soft consistency which stay on the spoon will nourish the child.

9-11 months: Eating More

As older babies get used to eating, the number of meals offered can increase to 3 or 4 times a day, with 1 or 2 snacks if needed. Breastfeeding on demand should continue, but it can be helpful to establish a pattern of regular meal times. New foods should continue to be introduced to widen the variety of foods (and nutrients) consumed.

12-24 months: Settling into the family's eating pattern

By around 12 months of age most children are physically able to eat foods similar in consistency to those eaten by the rest of the family. They always need to have their own portion, because they won't eat as fast as older family members. Some foods will still need to be cut up into small pieces or softened.

NEED FOR ACTION ON COMPLEMENTARY FEEDING

The need for improved complementary feeding practices is evident all over the world. The practice of giving foods or other milks and liquids before 6 months is widespread in both economically developed and developing countries. In less developed countries, some sections of the population also introduce other foods too late. Complementary feeding practices are often inadequate - too little food offered, infrequently, of poor nutritional value and passively rather than responsively fed. Estimates suggest that improving complementary feeding practices amongst the 6-24 months age group, could prevent 6% of deaths in children under 5 years⁸. If this improved complementary feeding was coupled with action to increase exclusive breastfeeding and prevent premature introduction of solids, almost 2.5 million child deaths (19%) could be prevented saving more lives than anti-malarial measures, vaccination and vitamin A supplementation put together.