

## Food Introduction Strategy for Infants

Whether infants are breastfed or bottle fed there are basic considerations when first introducing solid foods into their diet. Remember, the digestive tract is immature and unable to tolerate large, complex proteins. In general:

1. Children should not be given any solids until 6 months of age. Younger children will often grab food from the plate of a parent or sibling and appear as though they are hungry. In such cases it is often the child's need for exploration that motivates this behavior. They are sometimes more interested in the texture than in consuming the food. This may also be a sign the child is not receiving adequate nourishment from formula or breast milk. According to Leo Galland, M.D., if a child grasps for food with his palm, he is not ready for solids; if he grasps with his fingers he may be ready.
2. Foods should always be introduced from least allergenic to most.
3. Vegetables are generally added first. After one month on vegetables, fruit can be added.
4. Only one food is to be added to the diet at a time. This allows the parent to observe for any adverse reaction that may occur to that food. Authorities vary on the length of time needed to deem a food "clear", but one day to one week is considered the norm. In my opinion, a given food should be given for at least 7 days before declaring it is safe and moving on to the next food.
5. Simple foods are always preferred over complex mixtures. For example, steamed carrots rather than mixed vegetables.
6. Foods should always be served at body temperature. Food should never be served directly from the refrigerator.
7. Canned, bottled or frozen fruit juices should be avoided or limited. The simple sugar content is too high. Fresh squeezed juices are preferable. Carrot juice, while an excellent source of nutrition sometimes causes diarrhea in small children. If used it should be rotated into the diet.
8. Once a food is established as safe it is best not to serve it every day. Rotate all foods in the early stages. This helps prevent the onset of intolerance.
9. Infection, especially viral intestinal infection, often leads to temporary intolerance to some foods. You and the parent should be aware of this and stay clear of potential allergenic foods during and for at least two weeks after the illness.
10. First foods should have texture – something the child can grasp and play with.
11. Give fairly large amounts at a feeding. Don't force him to eat all of it. Expect some of it to wind up on the floor, face and hair. Mealtime is as much exploration as nourishment. Don't hurry the child.

## **Foods Most Commonly Implicated in Childhood Illness**

There is an enormous degree of individual variation with regard to food sensitivity in children. In essence, almost any food can contribute to an adverse reaction. This makes the task of assessment seem ominous. However, in the vast majority of cases the task is made easier by understanding that a small list of offending foods contribute to most of the adverse reactions. This is especially true in small children in which four to five foods account for up to 80 percent of reactions.

Some children with food intolerance may react to only one food, while others may react to multiple foods. In cases where the child seems to be reactive to multiple foods one must consider the presence of an enterometabolic disorder, gastrointestinal dysbiosis, or alteration in intestinal permeability.

Below is a brief summary of commonly reactive foods found in different circumstances of childhood.

### **1. Major Offenders (from Bock)**

Cow's Milk	Legumes
Eggs	Nuts and seeds
Soy	Grains
Fish	Shellfish
Fruits	Yeast

### **2. Infants and Toddlers**

Milk	Egg
Soy	Peanuts

Accounts for 80-90% of all food allergic reactions

### **3. Older Children**

Almond, pecan, walnut, cashew  
Peanuts  
Egg  
Dairy Products  
Lemon, lime, orange, grapefruit  
Cocoa, chocolate  
Crab, crayfish, lobster, shrimp  
Bony fish  
Yeast  
Corn  
Wheat  
Soy