



# FREE Report:



## Baby & Toddler Feeding

<http://www.settlepetal.com>

### **Learn about:**

When to start solids

Milk verses food

Food fights and gagging

What foods do to you?

And more



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Welcome to my free report highlighting baby and toddler feeding.

Work closely with families raising babies and young children I am acutely aware of the pitfalls and challenges that parents face on a daily basis. Time poor and tired parents with easy access to packaged food and takeaways, makes a bad combination when introducing children to the habits of healthy eating.

With obesity in children being 1:4 and allergies increasing 500% over the last ten years, I believe it is important to share some facts and knowledge on the basics of helping your baby and toddler to eat well both for their growth and development now and in the future.

Jamie Oliver is doing an amazing and heartfelt job educating school age children and their families about food and healthy eating practices but it is sad that this is something that has to be done. Let us educate children and families from the very first mouthful.

Babies and toddlers are growing and developing rapidly and the need for sustainable nutrients and real food is vital for their ongoing health and wellbeing.

The information that I will share in this report is an accumulation of my professional knowledge, personal experiences and independent research.



## Who is Jan Murray?



You may have already connected with me at:

**Blog:** <http://www.settlepetal.com/blog/>

**Website:** <http://www.settlepetal.com>

**Facebook:** <https://www.facebook.com/SettlePetalPCH/>

I may have met you at a business function, Child Health update event or at a clinic consultation with your baby.

If I have not had the privilege of meeting you I would like to introduce myself and explain why I do what I do.

I became interested in babies at 11 years old after I encountered a real live baby for the first time. After completing year 12, I started pursuing my career with babies by becoming a Registered Nurse in 1979, and then gaining my Midwifery Certificate shortly afterwards in 1984. I filled in a few years travelling and working in country and city hospitals, indigenous communities, community health centres and an American summer camp.

During the 80's and 90's I gained practical early childhood experience along with my husband as we raised our own five children. Parenting young babies however, was not as easy as I first thought. Therefore, I furthered my



professional education by studying and gaining a certificate in Family and Child Health Nursing (Tresillian) and a Bachelor of Behavioural Science (UQ).

Experiencing firsthand the maze of parenting over the years has given me valuable insight into the basics of parenting. It's time for me to share some information that I've gained and continue to gain both personally and professionally. As a new parent I would have loved this knowledge and I believe you will find it helpful too.

### **1. When to start solids and why**

It is recommended that solid food NOT be given to babies who are under 17 weeks old. Research and studies show babies are not developmentally ready to tolerate solids before this age and can even do harm.

If your baby is hungry and not gaining weight before 17 weeks, provide extra breast feeds or if this is not possible, introduce an additional bottle of suitable Infant Formula.



Seek professional guidance for the appropriate formula to use for your baby.

Sometime after 17-weeks your baby will begin to show signs that indicate he is ready to start the adventure of solid foods.

These signs include:

- The *tongue thrust* that is present in young babies is gone. This reflex has allowed for sucking but now he is ready for the next stage of chewing and swallowing
- Your baby is able to sit in a semi-controlled, upright position. Not being able to hold his head in an upright position may prevent him from focusing on food and effectively swallowing
- Your baby's weight gain has slowed down
- Your baby is waking at erratic times overnight when previously had been sleeping through



- Your baby is constantly dissatisfied when being breastfed. Pulling off and wanting to go back on the nipple
- Your baby is demanding breastfeeds more often during the day instead of spacing feeds out to every four hours
- Your baby is watching you eat with greater interest and could even be trying to take the spoon or food from your hand

When you notice any of these signs in your baby why not try starting solids by giving him one meal per day about 15 to 30-minutes after this mid morning milk feed. Do this for the first week or two or progress to the second feed as quick as he wants.

When he's enjoying food and seems to be digesting and tolerating it well, progress to a second solid meal. Offer this solid meal after the next milk feed about 1.30pm

If he is enjoying two meals and digesting them well then introduce a third meal after milk feed about 5pm.

Below is an example of what your day could look like when you have a baby aged between four and six months that is starting solids.

This particular routine below caters for babies as they progress from one to three solid meals a day and three down to two sleeps.

There are often many different behaviour patterns of babies at this age which can make his day look very different to this routine below.



These differences are determined by:

- How often babies feed overnight
- Whether babies have learned how to settle to sleep on their own



- What time the household is up and going in the morning
- If babies have started solids
- Babies personality type.

How many sleeps and for how long will vary too. It is usually three sleeps which could be of varying lengths. If your baby wakes at least an hour before his feed is due encourage him to rest and not tire with playing. You could use this time to go for a walk using a sling or stroller and he may go back off to sleep.

### **Suggested routine for 4-6 month old**

#### **5.30am**

When your baby wakes at this time he may:

1. Wake and be happy to wait 30 minutes before milk feed and go straight back to sleep or stay up
2. Won't want to feed and are just awake for the day
3. Wake and want a feed straight away and will go back to sleep
4. May find it difficult to go back off to sleep unless he goes into your bed for a cuddle

If he stay up after their milk feed:

Offer age appropriate stimulation

Watch for tired signs

Settle into sleep (approx. 7am)

#### **9.30am**

Milk feed

Offer appropriate solids (1<sup>st</sup> solid meal) after milk feed

Age appropriate stimulation

Watch for tired signs (approx. 1 ½ hrs from when they fed)

Settle into sleep (approx. 11am)



#### **1.30pm**

Milk feed

Offer appropriate solids here (when ready to add 2<sup>nd</sup> solid meal)

Age appropriate stimulation

Watch for tired signs (around 1 ½ hours from when they fed)

Settle into sleep (approx. 3pm)





### 4.30-5pm

Milk feed

Offer appropriate solids here (when ready to add 3<sup>rd</sup> solid meal)

Bath

Age appropriate quiet stimulation

### 6pm

Top up milk feed 30 minutes before bed

Watch for tired signs or they may just fall asleep at this feed

Settle into sleep (approx. 6.30pm – 7pm)

### 10-11pm

Your baby may wake for a feed or you may pick him up and feed while the is semi asleep. Feeding at this time, does not work for all babies or their parents.

Try to avoid feeding after 11pm and before 5am. Waking during this time makes it harder for babies to go back into a deep sleep

### Overnight

If your baby wakes during the night, try and avoid re-settling with a milk feed.

If he is waking ensure solids have started during the day. If you feel your baby is hungry offer milk but slowly reduce the amount and frequency of feeds while you increase their day nutrients over the next four days.

I have available a complete eBook of routines for babies and young children up until five years old.

<http://www.settlepetal.com/product/ebook-baby-toddler-suggested-daily-routines/>

## 2. Specific nutrients required for growth

Infant growth and development are enhanced when the following nutrients are included:

**Iron** – egg yolks, apricots, brown rice, spinach, pumpkin, plums, prunes, tuna, chicken, parsnip, lentils, sweet corn, raisins, millet, avocado, banana, broccoli, peas, rolled

**Zinc** – eggs, peas, lamb, ground sunflower rice, almond meal, cucumber, chicken,



sultanas, lamb, oats seeds, brown cauliflower





**Proteins** – chicken, peas, lentils, almond meal, eggs, milk, cheese, yoghurt, baked beans, peanut butter

**Essential fats** – chicken, tuna, linseed, whole grains, sunflower seeds, avocado, pine nuts, corn, pure butter and plant extract oils (organic coconut)

**Complex carbohydrates** – banana, potato, wholegrain bread, rice, pasta, rolled oats



**Vitamin D** – eggs, capsicum, sweet potato, tuna, fish, cheese, milk, sunshine

**Vitamin C** – berries, mango, tomato, potato, kiwi fruit, pears, oranges, watermelon, pumpkin, apple, broccoli, cauliflower, peaches, peas, raisins, red capsicum



**Vitamin A** – carrots, eggs, chicken, peas, spinach, tomato

pumpkin,

**Iodine** – spinach, milk, cheese, yoghurt, banana, tuna



**Calcium** – brown rice, spinach, raspberries, pumpkin, cheese, milk, broccoli, cauliflower, peas, lentils, oats, lamb, almond meal, sesame seeds, tofu



**Magnesium** – banana, brown rice, spinach, pumpkin, broccoli, cauliflower, peas, lentils, sweet corn, oats, almond meal, carrot

**Selenium** – tuna, sesame seeds, tomatoes, broccoli, wheat germ



**Tryptophan** – cottage cheese, cheese, milk, seafood, whole grains, beans, brown rice, hummus, lentils, eggs, sunflower seeds, chicken, banana, sesame seeds, yoghurt



**B Group Vitamins** – brown rice, barley, oats, chicken, red meat, spinach, broccoli, mushrooms, sweet corn



**Herbs** – fennel, coriander and dill



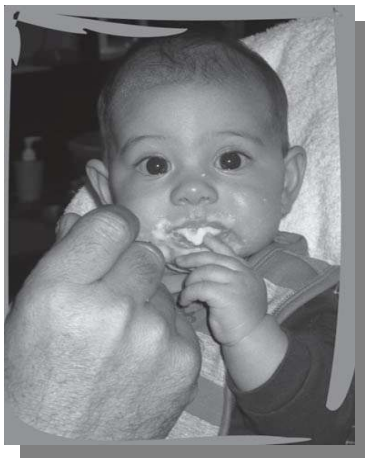
This list is by no means conclusive, but the foods listed above appear to be the most popular amongst infants. Some of these foods will not be suitable if a child has identified allergies.

### **3. When to stop milk overnight and why**

Once your baby is four or five months old he does not require nutrients overnight unless he is not getting adequate and suitable nourishment during the day.

When you continue to offer night feeds and your baby drinks reasonable amounts per feed he will not feel hungry or eager to experiment with food during the day. This will then cause him to feel hungry again overnight.

This vicious cycle continues as they fill up at night and choose not to eat during the day.



Research shows that between four and seven months of age is the window of opportunity to introduce foreign food substances in order to trigger your babies developing immune system. This is especially beneficial when he is still breast feeding.

ANY breast milk is better than none.

Small, varied amounts and often is one of the keys to developing a strong immune system in your baby.

### **4. Progress to textured food**

Include safe finger foods in your baby's diet from about seven months and increase the texture of mushy foods.

Texture is increased by mashing food rather than pureeing. Some babies do not like lumps amongst smooth foods but like other textures like broccoli stalks. Experiment with different textures to see what your baby prefers. Suitable recipes available here: <http://www.settlepetal.com/product/ebook-taste-it/>

It is important to offer textured foods at this age as it becomes much more difficult when your baby is older. He will get used to puree and won't want to change.

Encourage your baby to use his own spoon when he grabs it off you. He will probably miss his mouth, so keep a spoon or two, yourself and rotate it with him!



Always have your child securely sitting in a baby seat, lap, raised bouncer or highchair to eat. This will minimise the risk of choking and encourages culturally acceptable dining skills.

His speech and language starts to develop at this age. The oral facial muscles are required for the annunciation of words. These are being developed through chewing, tongue movements and swallowing as he eats.

## 5. Gagging is not choking!



Swallowing occurs when soft, pureed or chewed food passes over the tongue and touches the *gag reflex* at the back of the throat. Suitably prepared food slides down the oesophagus into the stomach and intestines to be further digested.

It is important to realise that gagging is not choking at this stage.

*Choking* occurs when a substance lodges itself in the small oesophageal tube and encroaches into the trachea (airway). Food matter can partially obstruct this airway that sits alongside the oesophagus or it can completely obstruct the tube. This will depend on the size and the firmness of the lodged substance.



Never offer your baby foods that could get lodged in this tube. Foods to avoid are hard substances like peanuts, raw carrot, apple, sausage chunks, and hard biscuits that don't soften with saliva.

*Gagging* on the other hand is your baby getting used to different textures. Once the food starts to descend down the oesophagus he may regurgitate it up from the back of his throat but often swallow it again. This process is necessary for your baby to understand the concept of chewing and swallowing different textures. Giving your baby soft foods that are age appropriate will usually not cause choking but may cause this temporary discomfort during the chewing and swallowing process.

Always sit next to your baby as you offer him solid foods and avoid displaying panic reactions in front of him if he gags. This reaction may cause him to suddenly inhale the food he has in his mouth. Help him enjoy the experience of eating by providing a non rushed atmosphere with a smile on your face.

## **6. When swallowing could be difficult**

If your baby is not swallowing foods and he is continually refusing food, dribbling or choking it is not always him being difficult.

- He may have swollen tonsils or adenoids leaving little room for the passage of food
- He may have a sore throat making it painful to swallow or even chew
- He could be unwell
- He may have mouth ulcers or painful gums from teething
- It could be unpalatable food from being too cold or hot
- He is not hungry
- It is a stressful or rushed environment
- He is overtired
- He doesn't believe the food offered is acceptable to eat as he hasn't seen it often enough



- He has oesophageal reflux pain

If your baby is gaining adequate weight and developmentally progressing well don't panic and don't force him to eat. However, have him checked over by a General Practitioner or Speech Therapist if food refusal continues with poor growth and difficult behavioural issues.

## 7. Recipes suitable for specific age groups

Below are some recipes suitable for each age group and there are plenty more available in 'taste it' at <http://www.settlepetal.com/product/ebook-taste-it/>

- 17 weeks to 5 months

### APPLES

2 **apples**, peeled, cored and chopped

½ cup **water**

#### Method

Place in a saucepan with lid on.

Bring to boil, reduce heat, and simmer until soft (about 6 minutes).

Drain into a bowl and use juice separately to thin or sweeten other foods.

Puree.



- Five to six months

### BANANA AND AVOCADO

Mash ripe **banana** with mashed ripe **avocado**!

- Six to seven months

### BANANA OATS

½ cup rolled **oats** (not quick oats)

200 ml **milk** formula or expressed breast milk

½ ripe **banana**

2 tbsp natural **yoghurt**

#### Method

Place oats and milk in a saucepan.

Bring to boil, reduce heat and simmer until oats are soft (5 to 10 minutes).

Stir in mashed banana and yoghurt,

Simmer one more minute.





- Seven to nine months

### VEGETABLE SHAPES

Cut **broccoli** and **cauliflower** leaving length of stalk, **carrot** circles and **bean** sticks and **peas**.

In a saucepan, add 1 cup water and vegetables in a steamer insert.

Bring to boil, lid on, reduce heat and simmer until vegetables are slightly softened (about 4 minutes) or bake a vegetable selection in moderate oven until softened.

Drain and store in airtight container in the fridge.

Offer cold for snacks or as part of meals.

- Nine to twelve months

### PUMPKIN RISOTTO

1 **onion**, finely chopped

1 tbsp **oil**

1 cup **short grain rice**

1 cup **pumpkin**, grated

1 **zucchini**, grated

2 cups chicken stock



#### Method

Heat oil in large saucepan, add onion and fry until soft .

Add rice and fry for a few minutes until slightly browned.

Stir in stock, pumpkin and zucchini.

Bring to boil, reduce heat, simmer with lid on for 20 minutes, stirring occasionally. "You can add different vegetables if you like."

- Over twelve months (a nine month old could also handle these)

### MIGHTY MUFFINS!

4 heaped tbsp **butter**, melted

3 **eggs**, lightly beaten

$\frac{3}{4}$  cup **brown sugar** (you can use crushed pineapple or grated apple instead)

1 cup natural **yoghurt**

1 tsp bicarbonate of soda

1 **zucchini**, grated

1 **apple**, peeled and grated

1 cup raw **pumpkin**, peeled and grated

1 cup **carrot**, grated





1 cup **sultanas**

$\frac{3}{4}$  cup SR flour (white)

$\frac{3}{4}$  cup SR flour (wholemeal)

$\frac{1}{2}$  cup **rolled oats**

### **Method**

Preheat oven to 180°C.

Grease muffin cup trays or line with paper muffin cups.

Combine melted butter, lightly beaten eggs, sugar and mix well.

Mix in yoghurt and bicarbonate soda.

Stir in apple, carrot, pumpkin, sultanas.

Fold in flours and oats but don't overbeat.

Place heaped spoonfuls into muffin cups.

Bake 15 mins or until cooked through.

Cool on wire rack.

Freeze in a sealed container or eat.



## **8. What amount to give and why it can vary?**

The quantity your baby eats may vary depending on:

- His or her metabolism
- His activity level
- Whether she is sick
- Whether he is having milk feeds overnight
- Whether she is eating in a rushed or stressed atmosphere
- Teething discomfort.

### **Never force feed your baby**

Force feeding sets up a negative psychological environment around food which causes your child to want to eat even less. He continues to be fearful of this unpleasant eating experience and food refusal increases. The stressful atmosphere also makes it physically uncomfortable to digest food and the stomach environment becomes more acidic causing stomach discomfort.





## 9. Eating behaviours of a toddler – 3 top tips

- Make sure your toddler is not too tired when you offer him meals. If a toddler is tired he avoids trying new foods or refuses to eat much of what you know he usually eats. Again, a suitable routine is encouraged to give enough time to provide five to six meals during the day before an appropriate bedtime.

FREE toddler routine available here. <http://myoptinpage.com/?pid=2151223>

- If you are worried about the small amounts of food that your toddler consumes, look at what they eat over a week by keeping a food diary. A weekly diet of nutrients is more important than what is consumed daily at this stage. After keeping the diary you see there is a lot of wasted kilojoules avoid those foods and focus on the nutrient rich whole, real foods instead. Your child's growth and development depends on it.



- Encourage your toddler to sit down to eat at a set time and place and not be walking around. This can be at the family table, small table and chairs, highchair, picnic rug inside or outside, at a friends or relatives place.

### For more eating tips:

<http://www.settlepetal.com/product/ebook-taste-it/>





## 10. Signs and symptoms of allergies and intolerances

Adverse reactions in your baby may occur within minutes, hours or days of a food being ingested. This will depend on the type of allergy or level of intolerance. Some allergies are life threatening.

If your baby has difficulty breathing, or has swelling around the face or neck after eating certain foods, seek immediate medical attention. Ring '000'

Most allergies and intolerances are not life threatening.

Look out for:

- Rashes of varying types in various places
- Eczema
- Vomiting
- Diarrhea or constipation, with or without blood, froth or mucous
- Abdominal discomfort with excessive wind
- *Snuffles* in their nose
- *Rattle* in their chest
- Cradle cap
- Recurrent ear infections
- Unsettled and restless behaviour, making it difficult to sleep
- Facial swelling

The diagnosis of an intolerance or allergy to foods in a breastfed baby is often established by eliminating the suspected food source completely from the maternal diet for 48hrs then slowly re-challenging it. If there is a notable change it is recommended that you follow up with a Child Health Nurse, Dietitian, Naturopath, General Practitioner, Chiropractor (who deals with babies) or Paediatrician for ongoing monitoring.

Research shows if breastfeeding it is important not to cut out foods from your diet *just in case* there may be adverse reactions. Doing this may deplete a woman's diet from many necessary nutrients for both their health and the health of their growing baby. Remember to eat a varied and balanced diet.

Thank you for reading to the end of my report. I trust you have found it helpful.



If you have gained valuable insight for feeding your baby or toddler from this *free report* you will enjoy and benefit from reading my book *taste it – easy baby & toddler recipes along with professional child health advice.*

In it you will find more information on the topics discussed inside this report as well as 120 easy to prepare recipes for your baby and toddler.

<http://www.settlepetal.com/product/ebook-taste-it/>

Enjoy parenting

Jan

**PS.** Did you enjoy this report? Why not tell your friends about it? They'll thank you for it!

**Disclaimer:** While every care has been taken in the preparation of this free report, readers are advised to seek individual professional assessment if in doubt about any aspect of their own health or that of their child. The hints are of a general nature and do not replace individual professional advice. Jan Murray or Settle Petal may not be held liable for any action or claim resulting from use of this book or any information contained herein.