

# ADHS: Infant Nutrition

## Module 1: Infant Nutrition (Birth to 6 Months)

### Welcome



### Notes:

## ***Introduction to Infant Nutrition***



### **Notes:**

Welcome to Infant Nutrition!

If you haven't already, please complete the breastfeeding and formula courses before taking this course, as they provide the foundational nutrition knowledge regarding how infants should be fed from birth to 6 months of age, which is necessary before taking this course.

This course also includes references to the baby behavior course, so you may want to take that course beforehand as well.

You'll expand on your existing knowledge in this course by learning the basics of what it takes to feed children from birth to 18 months of age. Although the age range of infants is typically defined as birth to 12 months of age, this course will discuss children up to 18 months of age in order to discuss several of the common dietary transitions that take place between 6 and 18 months of age.

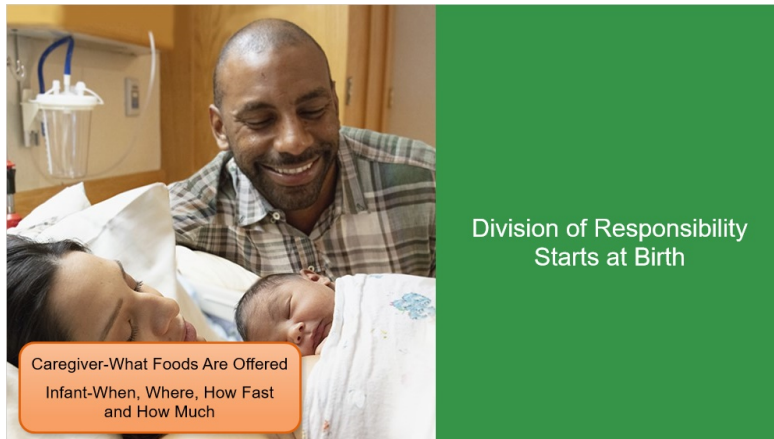
## ***Division of Responsibility***



### **Notes:**

This infant nutrition course as well as the child nutrition course revolves around a philosophy of how to feed children called the Division of Responsibility in Feeding. Registered Dietitian and Family Therapist, Ellyn Satter, developed the Division of Responsibility in Feeding to be a comprehensive system of how to feed children and resolve the variety of feeding problems common between children and caregivers. We'll start out by reviewing the Division of Responsibility for Young Infants (0 to 6 months).

## ***Division of Responsibility for Young Infants (0-6 Months)***



### **Notes:**

The Division of Responsibility begins the day an infant is born.

The Division of Responsibility for young infants (0 to 6 months) is:

The caregiver is responsible for what foods are offered.

The young infant is responsible for everything else (when, where, how fast, and how much to eat).

## ***Hunger and Fullness Cues***



### **Notes:**

As you may recall from the Baby Behavior course, there are different ways that infants can communicate with their caregivers to let them know that they're hungry. Common hunger cues are tight fists, hands to the mouth, rooting, and mouthing.

When a baby shows hunger cues, it's the caregiver's responsibility to feed them. It doesn't matter where they are or what time it is.

The caregiver's only job is to decide what foods to offer: breastmilk and/or iron-fortified infant formula.

It's the responsibility of the young infant to decide everything else including when to eat, how fast to eat, and how much to eat.

Caregivers can know when to stop feeding their babies when they show fullness cues such as pushing away, turning away, spitting the nipple out, and falling asleep.

## ***Acceptable Forms of Infant Nutrition from 0-6 Months***



**Infant Cereal in Bottles Can Increase Risk of:**

- ☐ Choking
- ☐ Overfeeding
- ☐ Food Allergies

### **Notes:**

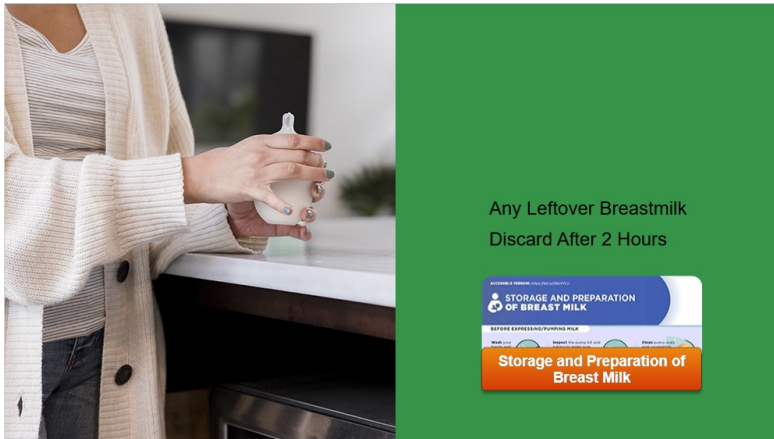
You learned in the breastfeeding and formula courses that breastmilk and iron-fortified infant formula are the only acceptable forms of nutrition for the first 6 months of life.

If caregivers are offering things like home-made formula or cow's milk to infants, this could result in serious health risks for the infants including death.

Caregivers should also be aware of the risks of modifying breastmilk or iron-fortified infant formula. Other than the supplementation of Vitamin D for breastfeeding infants, breastmilk and iron-fortified infant formula offer complete nutrition for infants and should not be modified other than at the direction of a doctor.

For example, some caregivers add cereal to bottles of infant formula or breastmilk, often in an attempt to get their infants to sleep longer. Adding cereal to bottles has been associated with an increased risk of choking, and overfeeding. Also, feeding infants solid foods before 4 months of age (including adding cereal to bottles) has been shown to result in an increased risk of food allergies.

## ***Safe Handling of Breastmilk***



### **Notes:**

For breastmilk, caregivers should not use pumped breastmilk that has been at room temperature for more than 4 hours, refrigerated for more than 4 days, or frozen for more than 12 months (but preferably 6 months).

Once frozen milk has been thawed, it should be consumed within 2 hours if sitting on a countertop or table or within 24 hours in the refrigerator.

Any leftover breastmilk should be discarded if not consumed within two hours of the start of the feeding.

Select the button to learn more about safely storing and thawing breastmilk.

## ***Safe Handling of Formula***



### **Notes:**

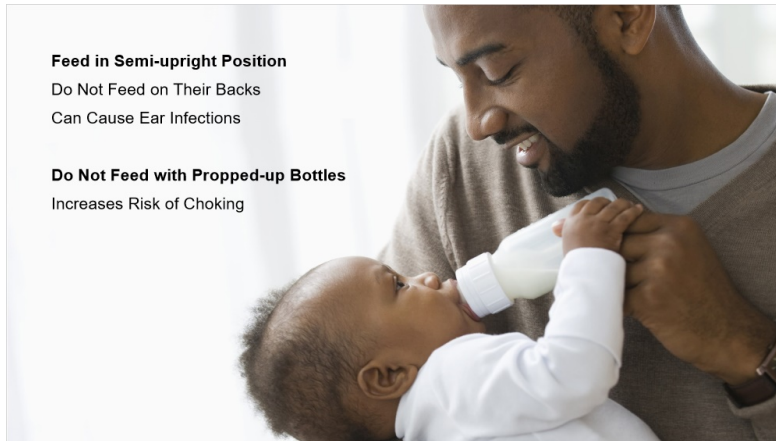
Recommend that caregivers always follow the specific infant formula's mixing, storage, and safety recommendations.

Once infant formula has been prepared, caregivers should not use infant formula that has been at room temperature for more than 1 hour. If stored in the refrigerator, prepared powder formula should be discarded if not used within 24 hours, whereas concentrate and Ready to Feed (RTF) formula should be discarded if not used within 48 hours.

Any leftover formula should be discarded if not consumed within one hour of the start of the feeding.



## ***Bottle Feeding***



**Feed in Semi-upright Position**

Do Not Feed on Their Backs

Can Cause Ear Infections

**Do Not Feed with Propped-up Bottles**

Increases Risk of Choking

### **Notes:**

Whether feeding infants bottles of breastmilk or formula, it's important that the bottles be very clean, especially for the first few months of life when infants' immune systems are weak.

Caregivers should start by washing their hands before preparing bottles.  
All bottles should be thoroughly cleaned using soap and hot water.

When feeding infants bottles, the infant should be placed in a semi-upright position. Feeding infants on their back could allow fluid to flow into their middle ears, leading to ear infections. Also, infants should never be fed with bottles than have been propped-up, due to the increased risk of choking.

## Spitting Up



### Notes:

Some small amounts of infant spit-up is normal during the first several months of life. Many caregivers believe that it's necessary to burp infants during or after feedings. However, research indicates that this isn't helpful since burping does not decrease the number of colic events but does increase how much infants spit up.

Let caregivers know that burping can increase how much infants spit up, and that eventually it will go away on its own as their infants' digestive system matures.

However, some infants may be diagnosed with Gastroesophageal Reflux Disease, causing them to spit up much more frequently, and in larger amounts. These infants will oftentimes require special formula. Other infants that spit up large amounts may not be "spitting up" and are actually vomiting. These infants should be referred to their pediatricians for evaluation.

Select the button to learn more about burping research.

## ***Module 1 Summary***

**You Learned About:**

- Basics for infant feeding (0-6 months)
- Division of Responsibility
- Hunger and fullness cues
- Acceptable forms of infant nutrition from 0-6 months
- Safe handling of breastmilk and formula
- Bottle feeding recommendations
- Spitting up

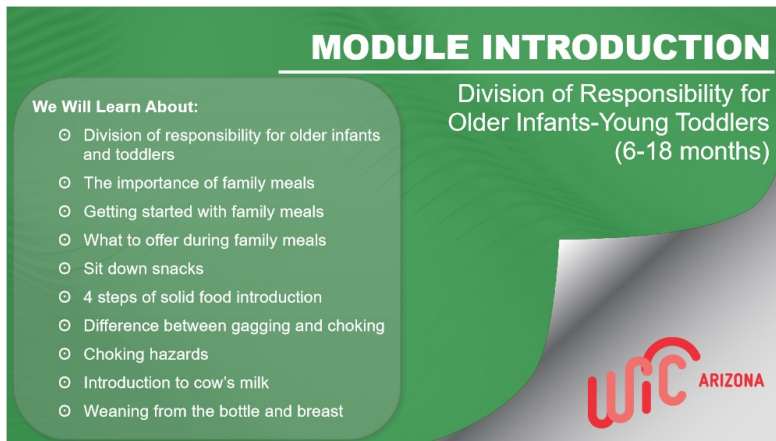


### **Notes:**

In this module you learned about some of the basics for feeding infants from birth to 6 months. We introduced to the Division of Responsibility for Young Infants, hunger and fullness cues, acceptable forms of infant nutrition from 0-6 Months, safe handling of breastmilk and formula, bottle-feeding recommendations, and spitting up.

## Module 2: Older Infants-Young Toddlers Nutrition (6-18 Months)

### *Module 2 Introduction*



#### **Notes:**

Welcome to Module 2.

In this module you will learn about:

- The division of responsibility for older infants and toddlers (6 to 18 months)
- The importance of family meals
- Getting started with family meals
- What to offer during family meals
- Sit down snacks
- The 4 steps of solid food introduction
- The difference between gagging and choking
- Choking hazards
- The introduction to cow's milk, and
- And weaning from the bottle and breast

## ***Division of Responsibility for Older Infants-Young Toddlers (6-18 months)***



### **Notes:**

The Division of Responsibility for older infants to young toddlers represents a transitional phase in feeding.

During this stage, the caregiver is responsible for what foods are offered, and is becoming responsible for when and where foods are offered. The child is responsible for how much or whether to eat.

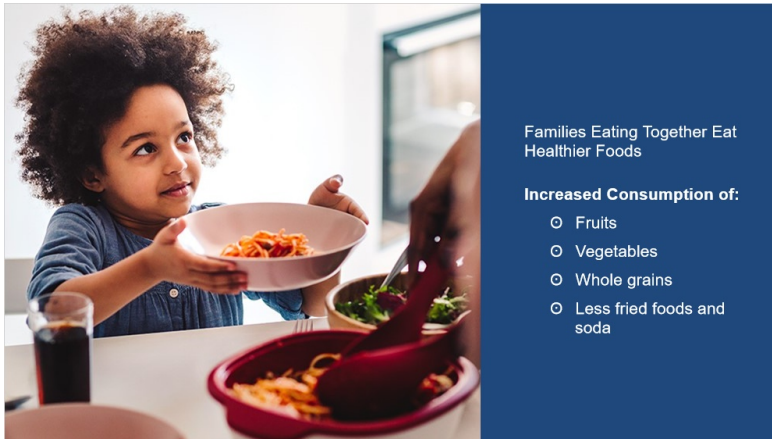
Even though caregivers are becoming responsible for when and where the child eats during this transitional phase, one thing remains consistent: it's always the child's responsibility to decide how much to eat.

That means whether the child is breastfeeding, drinking formula, or is having meals and snacks at the table, they should always be allowed to continue eating until they show signs of fullness.

You learned in the Breastfeeding Course that children commonly begin eating solid foods around 6 months of age. From 6 to around 12 months of age, infants are still getting the majority of their nutrition from breastmilk or formula but are learning to eat infant foods as well as table foods eaten by other members of the family.

During this transitional phase, infants and young toddlers may still require additional feedings outside of the family meal and snack schedule and may need to be fed when they show signs of hunger. However, the Division of Responsibility also recommends that older infants and young toddlers are brought to eat alongside their family members during planned meals and snacks.

## ***The Importance of Family Friendly Meals and Snacks***



### **Notes:**

Introducing infants early and regularly to family meals and snacks helps to build the foundation for a healthy lifelong relationship with food.

Family meals and snacks also provide excellent opportunities for families to learn, grow, and focus on communicating with each other.

During these times, caregivers can relay important information about family values to their children and help to give family members a sense of unity.

Children thrive on structure, and research has shown that children who consistently participate in family meals are less likely to do drugs and skip school, are more likely to have an improved sense of social wellbeing and get better grades in school.

Families that eat together are also more likely to eat healthier foods. Studies have shown that regular family meals are associated with increased consumption of fruits, vegetables, whole grains, and decreased consumption of fried foods and soda.

## ***Getting the Family Together***



### **Notes:**

The thought of having family meals can seem overwhelming to some caregivers. Let these caregivers know that family meals don't need to be overly complicated. Just getting the family together during regular meals and snacks is the first and most important step.

Emphasize that it's very important for the caregiver to also eat during the meals and snacks as well, instead of providing the meal and leaving to do other things.

Children watch their caregivers during meal and snack times and learn a great deal about how to eat and behave.



## ***Getting Started with Family Meals***



### **Notes:**

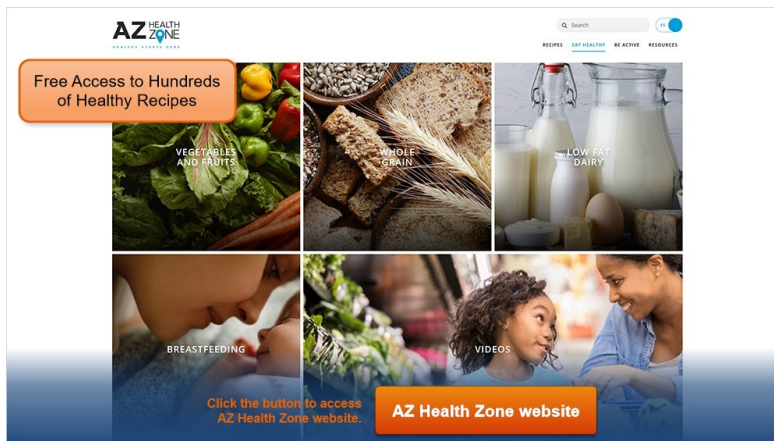
If family meals and snacks are new to a family, encourage caregivers to offer the same foods they already enjoy, just having the whole family get together to eat them. Let them know that they don't need to become a chef and start making all meals from scratch. Instead, meals can even be made up of ready- to-eat foods (e.g. bread, canned foods, and fresh fruits and vegetables), food from restaurants, or even microwaveable meals. It's okay to focus on the nutritional qualities of the meals later, once the habit of having regular meals and snacks has been well established.

Caregivers don't even need to start having all of their meals together as a family. If that seems like too much effort, they can create their own goals for how often they would like to have family meals.

Once caregivers can feel successful in having some meals together as a family, they can work on increasing the number of times per day or week the family is able to eat together.



## ***What to Offer During Family Meals***



### **Notes:**

Once caregivers are comfortable getting everyone together for mealtimes, and would like to work on improving the nutritional quality of the meals that they provide, encourage them to offer a variety of foods from all the food groups; protein, fruits, vegetables, grains, and dairy.

Caregivers don't need to offer every food group at every meal, but well-balanced meals oftentimes include foods from several food groups.

Finally, feel free to refer caregivers to [azhealthzone.org](http://azhealthzone.org) if they're interested in having free access to hundreds of healthy recipes.

Click the AZ Health Zone button to check it out for yourself.

## ***Sit Down Snacks***

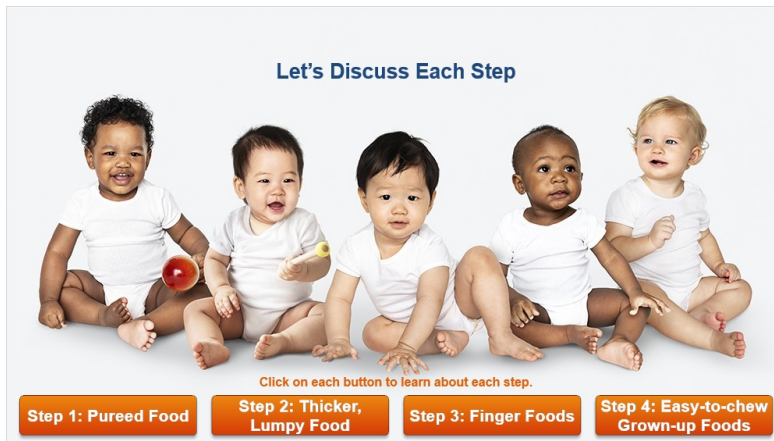


### **Notes:**

Snacks should be offered about 2 or 3 hours before the next meal so that the child is hungry when mealtime comes.

Encourage caregivers to think of snacks as small meals and gather all present family members together to sit down and eat the snack together. If possible, it should still include two or more of the food groups (proteins, grains, fruits, vegetables, and dairy). Also, just like meals, infants and children should be allowed to eat as much as they want of the foods offered during snacks.

## ***Four Steps of Solid Food Progression***



### **Notes:**

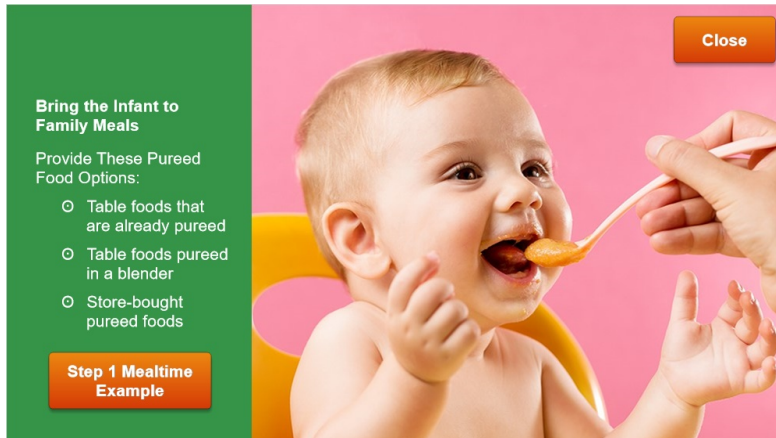
Now that we understand the importance of introducing family meals and snacks to infants and young children, we'll discuss the four steps of solid food progression and provide some examples of what mealtimes could look like for each step. From 6 to 18 months, most older infants and young toddlers will move through the four steps of solid food progression.

During this time, children transition from getting the majority of their nutrition from breastmilk or formula to eating most of the same foods consumed by other family members, but with small modifications.

Some infants progress through all 4 steps within a few months, but for other infants and young toddlers it can take a year or longer. For each step, we'll discuss signs for when the child is ready to begin, as well as the types of foods consumed during the step.

Click on each button to learn about each step.

## Step 1 (Slide Layer)



### Step 1: Pureed Food

Infants show that they're ready to begin eating pureed foods around 6 months old when they can:

- Sit up - alone or with support
- Open their mouth for the spoon
- Close their mouth over the spoon
- Keep most of the food in their mouth, and
- Swallow

When infants show signs of readiness, caregivers can begin feeding their older infants pureed foods with a spoon such as:

- Iron-fortified infant cereals
- Pureed fruits, vegetables, and meats (Stages 1 and 2 if store bought)
- Applesauce, and
- Yogurt

During Step 1, caregivers should bring their infants to the table during family meals and snacks, and can provide three different types of pureed foods:

- Table foods that are already pureed and being offered as part of a family meal or snack (e.g. applesauce, smooth yogurt, etc.)
- Table foods pureed in a blender (e.g. pears, cooked green beans, etc.)
- Store-bought pureed foods (e.g. infant, fruits, vegetables, meats, and cereals).

Click the Example button to see an example.

## Step 2 (Slide Layer)



### Step 2: Thicker, Lumpy Food

Older infants show that they're ready to begin eating step 2 foods when they can:

- Pick up food, but cannot let it go
- Keep food in mouth instead of swallowing right away, and
- Move food to the side of their mouths
- Munch on food

When older infants and young toddlers show signs of readiness, in addition to step 1 foods, caregivers can begin feeding them thicker, lumpy foods with a spoon such as:

- Mashed-up table foods
- Thicker iron-fortified infant cereals (prepared with less liquid)
- Pureed fruits and vegetables with chunks (Stage 3 if store bought)
- Yogurt with pieces of fruit
- Scrambled eggs
- Mashed potatoes
- Mashed bananas
- Mashed avocados, and
- Refried beans

Click the Example button to see an example.

## Step 3 (Slide Layer)



### Step 3: Finger Foods

Older infants and young toddlers are ready for Step 3 foods when they can:

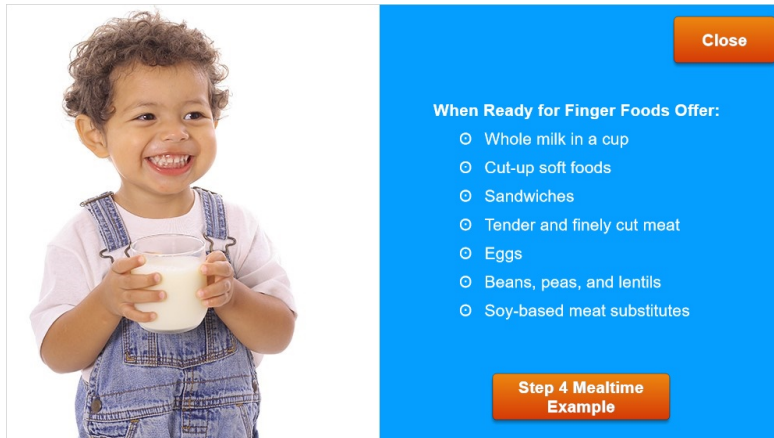
- Close their lips around the rim of a regular cup
- Pick up food and put in their mouth
- Takes bites off of food, and
- Chew foods, but occasionally gag

When older infants and young toddlers show signs of readiness, in addition to Step 1 and 2 foods, caregivers can begin offering finger foods allowing the child to pick them up and put them in their mouths. Examples of Step 3 foods include:

- Cut-up raw soft fruit (e.g. bananas, peaches, pears, mango, watermelon, and berries)
- Cut-up cooked vegetables (carrots, broccoli, potatoes, green beans, Brussels sprouts, cabbage, and asparagus)
- Soft pasteurized cheeses
- Ground and tender meats
- Breakfast cereals
- Small pieces of bread or crackers
- Age-appropriate milk in a training or regular cup, and
- Water in a training or regular cup

Click the Example button to see an example.

## Step 4 (Slide Layer)



### Step 4: Easy-to-chew Grown-up Foods

- Older infants and young toddlers are ready for Step 4 foods when they can:
- Use their fingers (not entire hand) to pick up food, and
- Can consistently chew and swallow foods without gagging
- When older infants and young toddlers show signs of readiness, caregivers can begin offering less modified finger foods.


Examples of Step 4 foods include:

- Whole milk in a cup (after 1 year of age)
- Cut-up soft foods (spaghetti, pasta dishes, scalloped/baked potatoes, burritos)
- Sandwiches (grilled cheese, shaved ham/turkey and cheese, thinly spread peanut butter)
- Tender and finely cut chicken, turkey, ham, and fish
- Eggs (fried, hard-cooked)
- Beans, peas, and lentils, and
- Soy-based meat substitutes

Click the Example button to see an example.



## Step 1 - Mealtime Example (Slide Layer)




**Step 1 Mealtime Example**

If caregivers were offering pork chops, applesauce, green beans, bread, and milk to the family, the infant could be offered applesauce and pureed green beans. The infant could also drink breastmilk or formula in a training cup.

### Step 1 Mealtime Example

If caregivers were offering pork chops, applesauce, green beans, bread, and milk to the family, the infant could be offered applesauce and pureed green beans. The infant could also drink breastmilk or formula in a training cup.

## Step 2 - Mealtime Example (Slide Layer)



**Step 2 Mealtime Example**


If caregivers were offering scrambled eggs, bacon, bananas, toast, and milk to the family, the infant could be offered scrambled eggs, along with mashed up banana. The infant could also drink breastmilk or formula in a training cup.

### Step 2 Mealtime Example

If caregivers were offering scrambled eggs, bacon, bananas, toast, and milk to the family, the infant could be offered scrambled eggs, along with mashed-up banana. The infant could also drink breastmilk or formula in a training cup.



### Step 3 - Mealtime Example (Slide Layer)




**Step 3 Mealtime Example**

If caregivers were offering a meal containing, cut-up mango, milk, and tacos made with tortillas, ground beef, pasteurized shredded cheese, shredded lettuce, and diced tomatoes, the infant could be offered the mango, along with deconstructed tacos, meaning that they were offered small pieces of tortillas, ground beef, shredded cheese, shredded lettuce, and diced tomatoes all separately. The infant could also drink breastmilk or formula in a training cup.

#### Step 3 Mealtime Example

If caregivers were offering a meal containing, cut-up mango, milk, and tacos made with tortillas, ground beef, pasteurized shredded cheese, shredded lettuce, and diced tomatoes, the infant could be offered the mango, along with deconstructed tacos, meaning that they would be offered small pieces of tortillas, ground beef, shredded cheese, shredded lettuce, and diced tomatoes all separately. The infant could also drink breastmilk or formula in a training cup.

### Step 4 - Mealtime Example (Slide Layer)



**Step 4 Mealtime Example**

If caregivers were offering a meal that contained apple slices, chicken breast and cheese sandwiches, and milk to the family, the infant could be offered the apple slices and sandwich. However, instead of offering the sandwiches whole, the chicken breast would need to be finely cut up, and the infant could be served a deconstructed sandwich with the bread, cheese slices, and finely cut-up chicken breast offered separately. The infant could also drink breastmilk or formula in a cup, or whole milk after 1 year of age.

#### Step 4 Mealtime Example

If caregivers were offering a meal that contained apple slices, chicken breast and cheese sandwiches, and milk to the family, the infant could be offered the apple slices and sandwich. However, instead of offering the sandwiches whole, the chicken breast would need to be finely cut up, and the infant could be served a deconstructed sandwich with the bread, cheese slices, and finely cut-up chicken breast offered separately. The infant could also drink breastmilk or formula in a cup, or whole milk after 1 year of age.

## ***Baby-led Weaning***



### **Notes:**

Advocates of baby-led weaning recommend that caregivers skip steps 1 and 2 of solid food progression that involve feeding infants with a spoon and skip right to steps 3 and 4, allowing the child to use their hands to feed themselves.

While this may work for some infants, it may not be appropriate for others.

Before trying baby-led weaning, caregivers should be encouraged to observe their infants for signs of readiness to determine if they're ready for steps 3 and 4. For example, good candidates for baby-led weaning are infants who may not be interested in being fed with a spoon and are only interested in eating if they can feed themselves.

However, other infants may not be ready for the more advanced textures of steps 3 and 4 and will repeatedly gag, not swallow, or spit out finger foods when they put them in their mouths. For them, progressing through steps 1 and 2 is important to develop their oral-motor skills before moving on to steps 3 and 4.

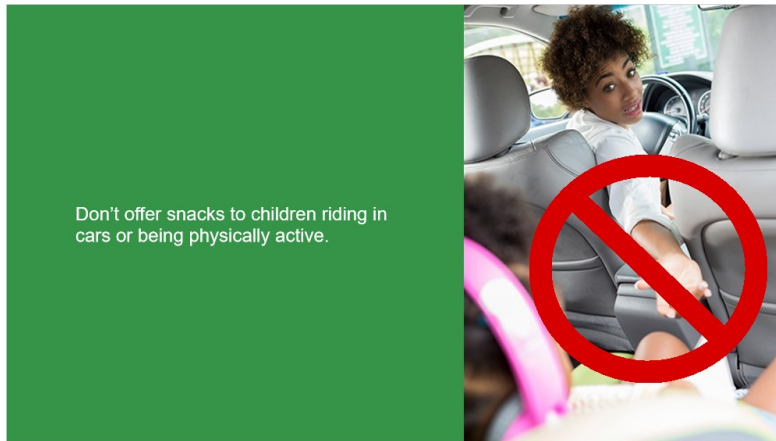
## ***Gaging vs Choking***



### **Notes:**

During the first few steps of solid food progression, children may frequently gag, which is completely normal. Gagging occurs when a child lacks the oral motor control to move food around the mouth. If food slides back towards the back of the mouth before they're ready to swallow it, their body will instinctively gag, forcing the food towards the front of the mouth. Gagging should not be mistaken for choking which is when a piece of food, or foreign object gets lodged in the airway, preventing the child from breathing.

## ***Prevention of Choking Hazards***



### **Notes:**

Even after the fourth step of solid food progression, children up until 4 years of age still need to have their food modified to make it easier to chew and swallow.

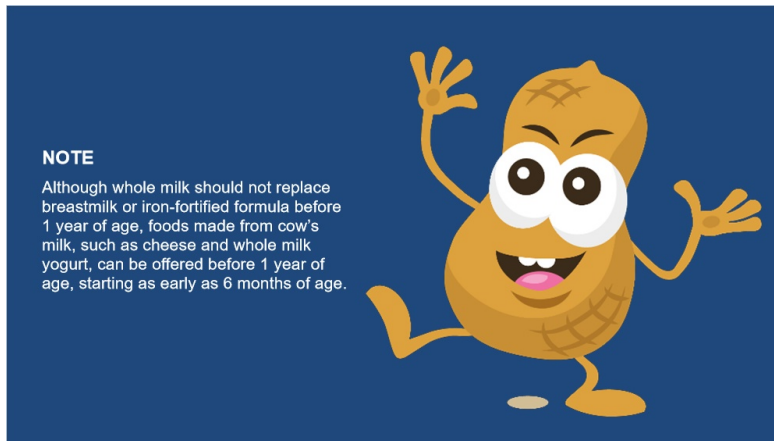
Round foods like grapes, hot dogs, and carrots should be cut into short strips.

Peanut butter should be spread thinly as large chunks can cause choking.

Pits and seeds from fruit such as cherries, peaches, and apricots should be removed. Also, caregivers should not offer foods such as nuts, hard candy, jellybeans, gum drops, and popcorn until 4 years of age or older.

Caregivers should never offer snacks to children who are riding in cars since the caregiver cannot assist them in the event of choking. Caregivers should also never offer snacks to children who are being physically active, due to the increased risk of choking during physical activity.

## ***When and How to Introduce Whole Milk***



### **Notes:**

Breastmilk and formula can be offered in training cups to infants as soon as 6 months of age.

Breastmilk and/or formula can continue to be offered in a cup during meal and snack times until 1 year of age at which point the breastmilk and/or formula can be replaced with whole milk.

WIC also stops providing formula and starts offering whole milk to children after they turn 1 year of age, (Category C1).

If desired, breastmilk can continue being offered in training or regular cups instead of cow's milk for as long as the mother would like to continue breastfeeding.

It's also important to note that although whole milk should not replace breastmilk or iron-fortified formula before 1 year of age, foods made from cow's milk, such as cheese and whole milk yogurt, can be offered before 1 year of age, starting as early as 6 months of age.

## ***Weaning from the Bottle***



### **Notes:**

It's recommended that children stop drinking from a bottle (with breastmilk, formula, or cow's milk) before 14 months of age to encourage the child to consume other foods and beverages in cups during meal and snack times. Children should also never be allowed to sleep with a bottle since this increases the risk of baby bottle tooth decay.

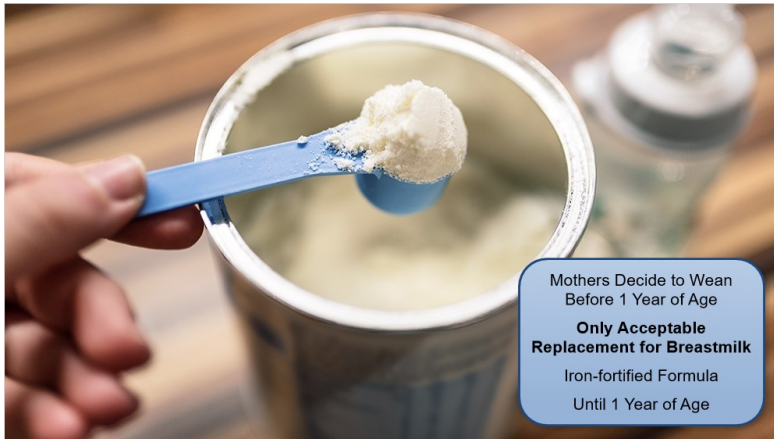
Some caregivers begin putting cow's milk in bottles beginning at 1 year of age. However, to help children wean from the bottle, it's recommended that if possible, whole milk not be put into bottles after the child turns 1 year old.

If you speak with caregivers who have been offering bottles to children over 1 year of age, you can encourage them to eliminate bottle feedings during the day and continue offering whole milk or breastmilk during meal and snack times.

The bottle feeding before bedtime is usually the last and most difficult to eliminate.



## ***Weaning from the Breast***



### **Notes:**

Unlike bottle feeding, breastfeeding can continue as long as both the child and the mother are still interested in continuing.

The World Health Organization recommends “continued breastfeeding up to 2 years of age or beyond.”

Some children will naturally start to wean themselves from the breast around 1 year of age as they become too physically active to breastfeed, or as they take a bigger interest in consuming beverages from a cup (such as breastmilk, whole milk, and water).

However, other children may continue to nurse periodically for several years, especially before bedtime, or when they need to be comforted.

Some mothers may also decide they are ready to stop breastfeeding before their children naturally wean themselves. This process won't likely be as easy compared to infants who decide to wean themselves, but there are steps these women can take.

For these women, it's recommended that they try to wean their children slowly by eliminating a feeding every 2 or 3 days. The last breastfeeding session before bedtime is usually the last and most difficult breastfeeding session to eliminate.

Please note that for mothers who decide to wean their children before 1 year of age, the only acceptable replacement for breastmilk is iron-fortified formula until the infant reaches 1 year of age.

## ***Introduction of Common Allergenic Foods***



### **Notes:**

Now let's talk about some recommendations for introducing the most common allergenic foods. The top 8 most common food allergies are to:

- Cow's Milk
- Eggs
- Peanuts
- Tree Nuts (e.g. walnuts, pecans, cashews, etc.)
- Soy
- Wheat
- Fish
- Shellfish

Many caregivers are concerned to offer common allergenic foods to their infants and will sometimes wait years before doing so. This is likely due to old recommendations from doctors who believed that delaying the introduction of allergenic foods could help to reduce the future development of allergies.

For example, prior recommendations included waiting until 2 years of age before introducing eggs and waiting until 3 years of age before introducing peanuts and seafood.

However, you may have noticed several of these common allergenic foods listed as examples when we learned about the 4 steps of solid food progression. That's because current research indicates that introducing these foods when developmentally appropriate, starting as soon as 6 months, actually helps to reduce the development of food allergies.



## ***Introduction of Common Allergenic Foods, Continued***



### **Notes:**

You can recommend that caregivers of infants without a family history of food allergies wait until their infant is developmentally ready for each type of allergenic food, starting as early as 6 months.

However, if infants have a family history of food allergies, recommend that their caregivers speak with their health care provider before starting to offer common allergenic foods.

As an example, let's specifically discuss arguably the largest caregiver allergy concern: peanuts. Due to its association with anaphylaxis, which is a severe, life-threatening allergic reaction, many caregivers are especially concerned to offer foods that contains peanuts (such as peanut butter) to their infants.

However, current research from the National Institute of Allergy and Infectious Diseases (NIAID) indicates that if the infant does not have eczema (a condition causing red bumps on the skin), or any other food allergies, it can be safe to offer peanuts (such as a small amount of peanut butter added to infant cereal) to infants around 6 months of age. Recommend that caregivers of infants with eczema or other food allergies consult with their doctor before introducing peanuts.

## Food Allergy Symptoms



**Common Symptoms of Food Allergy**

- **Skin problems**
  - Hives
  - Itchy skin rashes
  - Swelling
- **Breathing problems**
  - Sneezing
  - Wheezing
  - Throat tightness
- **Stomach symptoms**
  - Nausea
  - Vomiting
  - Diarrhea
- **Circulation symptoms**
  - Pale skin
  - Light-headedness
  - Loss of consciousness

Source: The American Academy of Pediatrics

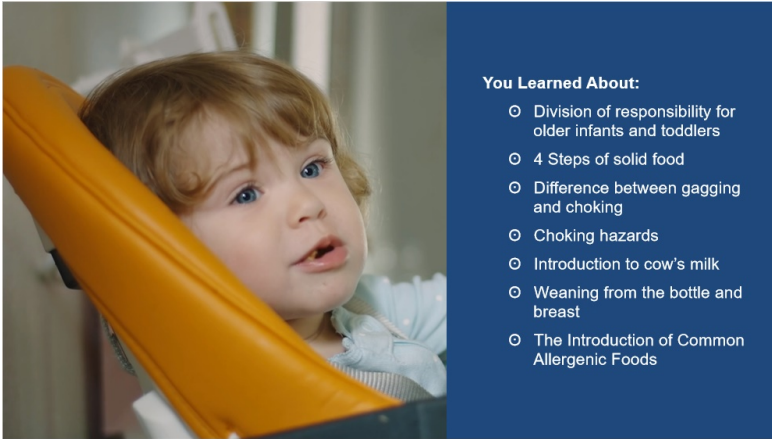
### Notes:

Recommend that caregivers offer one food at a time, and wait a few days in between offering new foods. This allows caregivers to be able to watch their children for signs of allergic reaction, and if there is a reaction, be more likely to determine the food most likely to have caused it. Have caregivers contact their doctor if they have reason to believe that their child may have a food allergy.

Some of the most common symptoms of food allergy are:

- Skin problems such as:
  - Hives, red spots that look like mosquito bites,
  - Itchy skin rashes like eczema
  - Or Swelling.
- Breathing problems such as:
  - Sneezing
  - Wheezing
  - Or Throat tightness
- Stomach symptoms such as:
  - Nausea
  - Vomiting
  - Or Diarrhea
- And Circulation symptoms such as:
  - Pale skin
  - Light-headedness
  - Or loss of consciousness

## Module 2 Summary

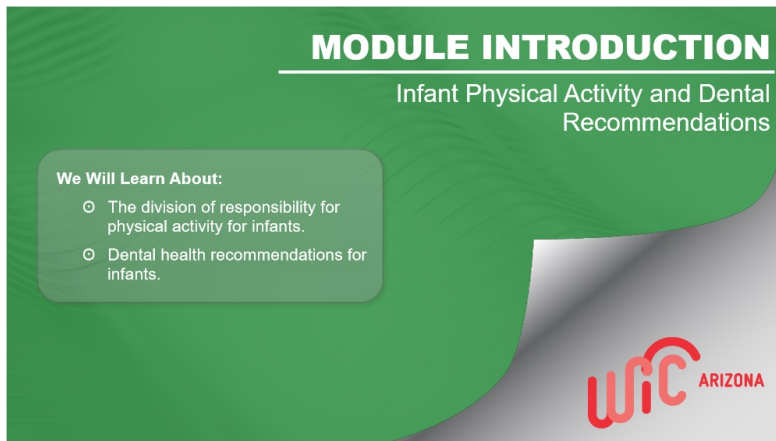


### Notes:

In this module you learned about the Division of Responsibility for Older Infants and Young Toddlers. We reviewed the 4 steps of the progression of solid foods, how to tell the difference between gagging and choking, choking hazards, how to introduce cow's milk, how to wean from the bottle and the breast, and how to introduce common allergenic foods.

# Module 3: Infant Physical Activity and Dental Recommendations

## *Module 3 Introduction*



### **Notes:**

Welcome to Module 3. In this module we'll focus on two topics, the division of responsibility for physical activity for infants and dental health recommendations for infants.

## ***Division of Responsibility for Physical Activity for Infants***



### **Notes:**

Physical activity is an important part of infant development.

The division of responsibility for physical activity for infants is:

- The caregiver is responsible for providing safe opportunities for movement.
- The child is responsible for moving.

Infants become progressively more physically active as they grow and develop. Infant physical development begins from the “top down” meaning that they are able to control the movement of their head first, and will learn how to use their feet for activities such as walking last.

Generally, the first recommended safe physical activity for infants is “tummy time.” The American Academy of Pediatrics recommends putting newborns on their stomachs 2-3 times per day for 3-5 minutes and increasing the time as infants show they enjoy the activity.

By 4 months of age, caregivers can hold their infants up and encourage them to reach for things. Infants will usually learn to sit up around 6 months of age. Caregivers can help by being attentive and making sure they are in a safe place to practice this new skill.

By around 7-10 months of age infants will learn to crawl and then pull up to stand using objects. Caregivers can encourage crawling or pulling-to-stand by placing objects just outside of the infant’s reach, requiring that they move in order to grab them.

At 11 to 15 months infants learn to walk. This can be somewhat dangerous at first, so caregivers should be attentive, and make sure that their infants are in safe places to practice this new skill.

To encourage physical activity, the American Academy of Pediatrics also recommends that children younger than 18 Months not use screens unless for video chatting.

## ***Dental Health Recommendations for Infants***



### **Notes:**

Caregivers should start thinking about starting good dental habits for their children even before their first teeth appear.

From birth until the child's first teeth erupt, encourage caregivers to wipe their baby's gums and teeth with a clean washcloth once per day.

Once children's teeth come in, dentists recommend to begin brushing their teeth twice a day with a soft toothbrush using toothpaste the size of a grain of rice. This can continue until around 2 years of age, at which time caregivers can start using a pea-sized amount of fluoridated toothpaste.

## ***Dental Health Recommendations for Infants***

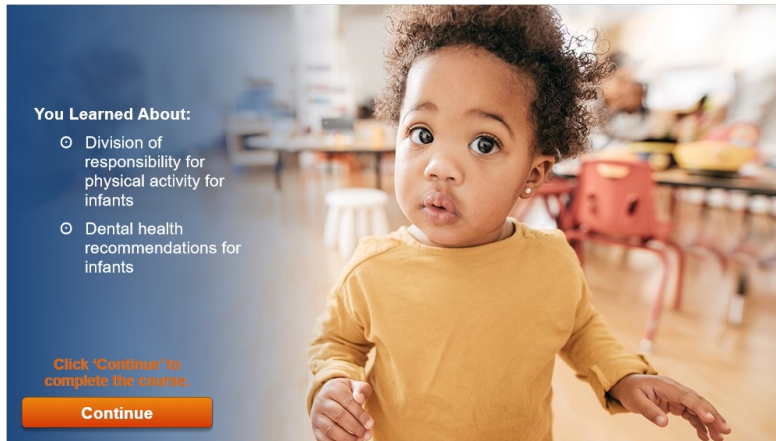


### **Notes:**

As we mentioned before, in order to prevent baby-bottle tooth decay, it's important to wean children from bottles before 14 months of age, and not to allow children to go to sleep holding bottles of milk or formula. Children should also never be given bottles of sweet drinks such as juice or soda.

Finally, the American Academy of Pediatric Dentistry recommends that all children should start visiting the dentist by their first birthday or within 6 months after their first tooth erupts. They should also continue visiting the dentist every 6 months.

## ***Module 3 Summary***



### **Notes:**

In this module you learned about the division of responsibility for physical activity and dental health recommendations for infants.

Click the 'Continue' to complete the course.