

Weaning - Introducing your baby to solids

Advice provided by allergyuk.org

This Factsheet has been written to provide information on introducing solid foods to babies and includes information about introducing foods which may be associated with a food allergy.

When should I start giving my baby solid foods?

Weaning (also known as complementary feeding) is the process of introducing solid foods into a baby's diet. For healthy term babies, the Department of Health recommends exclusive breastfeeding until around six months, and introducing solid foods when your baby is developmentally ready at around six months, and not before four months.

The age a baby is developmentally ready for solid foods will vary. Signs that your baby is ready for solid food include the ability to sit up, holding their head steady, an interest in food and being able to bring their hands to their mouth (1). If you are unsure whether your baby is developmentally ready, speak with your health visitor.

What foods should I start with?

First foods can include small amounts of:

- Root vegetables e.g. carrot, swede, sweet potato, parsnip, butternut squash.
- Spinach, broccoli, green beans, courgette, cauliflower.
- Fruits e.g. apple, pear, banana, plum, peach, apricot, avocado

- Potato, yam, green banana.

These should be offered pureed or mashed, depending on your baby's age and ability to manage textures. If your baby is six months old when they first start solid foods, they can move onto mashed textures more quickly. For more information on complementary feeding including stages and consistencies, please see this advice from the British Dietetic Association.

After a few weeks:

- Rice e.g. baby rice, cooked flaked rice
- Ground quinoa
- Cornmeal, polenta (good for finger foods)
- Breakfast cereals and pasta/noodles based on rice, corn and quinoa
- Red meats (lamb, beef), pork and poultry (pureed or finely shredded and chopped)
- Lentils and pulses e.g. haricot beans, kidney beans, butter beans (mashed)
- Any of the above in cooked tomato or fruit-based sauces.

Try later as finger foods:

- Fresh sliced tomatoes
- Other fruits including citrus, kiwi, berry fruits.

How should I introduce foods that commonly cause allergies?

Foods that are more commonly



For more help, contact the **Allergy UK helpline:**
Monday to Friday, 9am to 5pm
01322 619 898

website: allergyuk.org

Key facts

Foods that are more commonly associated with food allergies include Cow's milk, egg, wheat, gluten, soya, fish, shellfish, sesame and other seeds, peanuts and tree nuts

Delaying introduction past 12 months may increase a child's risk of developing an allergy to that food



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associated with food allergies include:

- Cow's milk, egg*
- Wheat, gluten, soya
- Fish, shellfish
- Sesame and other seeds
- Peanuts* and tree nuts (for a list of tree nuts, see the Allergy UK [Tree Nut Factsheet](#)).

***There is more information in the next section about introducing egg and peanut to babies who are at 'higher risk' of allergy.**

There is no evidence to support delaying the introduction of these foods beyond six months of age. Delaying their introduction past 12 months may actually increase a child's risk of developing an allergy to that food.

You can include any of these foods that are a part of your family's diet alongside other foods you are feeding your baby during complementary feeding.

As a precaution, when you first introduce these foods, you should introduce them one at a time for three days and, if baby has no symptoms, the next new food can be introduced. In the rare case that an immediate or delayed type allergic reaction happens it will be easier to identify the suspected food. Once potential allergens, such as egg and peanut, have been introduced it is recommended that you continue to include them in your baby's diet, ideally at least twice a week, to ensure that your baby remains tolerant to that food.

See table on page 4 for ideas of when and how to offer these foods to your baby.

When introducing these foods for the first time, make sure your baby is well and free from illness (such as a cold, cough or stomach upset) as this can place their immune system under stress and can also make it more difficult to identify whether any symptoms are due to their illness or because of an allergic reaction. It is a good idea to introduce a new food in the morning and on a day that your baby can be observed by their parent(s)/carer(s) and not going to childcare/nursery.

Children under five should never be given whole or coarsely chopped nuts or chunks of peanut butter because of the risk of choking on these foods. (2).

It is possible that some babies will have an allergic reaction after a new food is introduced and therefore it is important to be aware of the symptoms of an allergic reaction listed below. If you are concerned that your baby is reacting to a certain food, stop giving that food and seek medical advice from a health professional.

It is important to note that not all adverse reactions to foods are because of allergy; for example some foods e.g strawberries, tomatoes, citrus fruits can irritate the skin and cause a red rash around the mouth after eating. This is more common in babies with sensitive skin and eczema. This does not indicate a food allergy and avoiding the food is not needed. Applying an emollient moisturiser around the mouth before feeding can help prevent this type of contact reaction which can be misperceived as a sign of a food allergy.



Advice for babies who may be at 'higher risk' of food allergy

You may be worried about food allergy if there is a strong family history of atopy or allergy e.g. your baby has a sibling, a parent or another relative with a history of food allergy, eczema, hay fever, asthma, or other allergies. This does not always mean that your baby is at higher risk of food allergy. The most important factors to increase the risk of your baby developing a food allergy are whether they have developed eczema early in life especially in the first 3-4 months, if the eczema is persistent (i.e. lasting for many weeks) and problematic, and your baby already has a food allergy, such as cow's milk allergy.

Recent research has found that babies who are at a higher risk of food allergy may benefit from earlier introduction of egg and then peanut to prevent allergies to these foods developing. A discussion with a health professional (GP/Health Visitor/Dietitian) for further guidance is recommended. Further information is available on the website: bsaci.org/about/early-feeding-guidance

It is preferable to wait until eczema is under control before introducing allergenic foods. If it is not, speak to your GP about seeing a specialist for advice. Aside from allergic triggers eczema can also be problematic and persistent if it is not managed well with the right treatment/creams. Ensure that a suitable emollient (moisturiser) is used daily (minimum of three times per day) and that eczema flares are managed with the correct strength steroids.

Skin barrier and allergy prevention

If the skin barrier is not working well which happens in conditions like eczema where dry skin can become broken and damaged, there is a risk that allergens such as foods or allergens in the air we breathe can enter through the broken skin barrier. This may then be recognised as harmful by the immune system leading to the development of allergy antibodies (called 'sensitisation'). The risk of sensitisation to foods is lower if your baby is already eating that food.

Food-based emollients' such as oils, lotions and creams used on the skin before your baby has started eating the food allergen, can increase the risk of developing a food allergy. It is therefore very important to look after the skin barrier by keeping the skin well moisturised and avoiding any allergic triggers or irritants. More information on eczema in children can be found in the following factsheet.

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First weaning (not before 17 weeks)	From 6 months (26 weeks)	7 to 9 months	9 to 12 months
Serve food as:	Serve food as:	Serve food as:	Serve food as:
Smooth purees	Well-mashed foods	Mashed foods with some lumps and soft finger foods	Mashed, chopped and minced family meals and finger foods
Introduce:	Introduce:	Introduce:	Introduce:
Smooth cereals, e.g. baby rice, flaked rice, ground quinoa, cornmeal	Gluten containing foods (wheat, barley, rye) –bread and cereals, oats, pasta, couscous	Bread, chapatti, cereals, pasta, rice, polenta, noodles, couscous	Bread, chapatti, cereals, pasta, rice, polenta, noodles, couscous
Soft cooked pureed/ mashed fruit - bananas, pears, apple, stone fruit, avocado, tomato pureed / sauce, citrus flavours	Soft cooked/ mashed fruit - bananas, pears, apple, stone fruit, avocado, tomato pureed / sauce, citrus flavours	Raw soft fruit and finger foods e.g. banana, melon, mango, avocado, kiwi, berry fruits Stewed fruit, fresh tomato, citrus fruits	Raw soft fruit and finger foods e.g. banana, melon, mango, avocado, kiwi, berry fruits Stewed fruit, fresh tomato, citrus fruits
Soft cooked root and green vegetables, potatoes, yam, green banana	Mashed root and green vegetables, potatoes, yam, green banana	Raw soft vegetables e.g. cucumber, courgette and soft cooked vegetables, potatoes, yam, green banana	Raw soft vegetables e.g. cucumber, courgette and lightly cooked vegetables, potatoes, yam, green banana
Pureed pulses/ lentils Meat and poultry (pureed)	Mashed lentils/ pulses Finely chopped/ pureed meat, poultry, fish Dairy foods - yoghurt, cheese, custard, hummus, smooth nut spreads	Mashed lentils/ pulses Finely chopped/ minced meat, poultry, shellfish & flaked fish, Dairy foods - yoghurt, cheese, custard, hummus, smooth nut spreads	Mashed lentils/ pulses Chopped/ minced meat, poultry, shellfish, fish Dairy foods - yoghurt, cheese, custard, hummus, smooth nut spreads
	British Lion Stamped Egg	British Lion Stamped Egg	British Lion Stamped Egg
	Pureed/mashed boiled, scrambled egg	Mashed/sliced boiled, scrambled egg	Chopped boiled egg, scrambled egg
	Smooth peanut butter	Smooth peanut butter	Smooth peanut butter

Table modified from: Preventing food allergy in your baby: information for parents (3)



Clinical contributions

Allergy UK Clinical Peer Review

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Allergy UK Clinical Team

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References

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