A FLOW GUIDE FOR FAMILIES

First Bites

The FLOW guide to your baby's first bites — from 4 months to 2 years

FLOW
Tennessee's Center for Breastfeeding Medicine

4–8 mo	8–10 mo	10–12 mo	12–24 mo
First tastes	Building skills	Table foods	Toddler eating

Is My Baby Ready?

- ✓ Sits with support and holds their head steady
- ✓ Shows real interest in food — watching, reaching
- ✓ Is at least 4 months old — signs matter more than age
- ✓ Has lost the tongue-thrust reflex
- ✓ Can bring objects to mouth, makes chewing motions

Safety Applies to Every Method

Choking-risk reduction for purées, mashed food, and finger foods alike

Upright & supervised
90° seated, adult within arm's reach.

Modify high-risk foods
Grapes/tomatoes quartered; hot dogs sliced lengthwise.

No honey before 12 mo
Risk of infant botulism.

Gagging is not choking
Noisy, forward-protective, and normal.

Avoid whole nuts & hard bits
Thin nut butter onto food instead.

Know infant CPR
Everyone feeding solids should know it.

Core Principles

1 **Milk comes first**
Main nutrition source through year one; solids add, don't replace.

2 **Ranges, not rules**
Numbers are typical, not required — follow your baby's cues.

3 **Texture follows skill**
Thin → thick → lumpy → soft, tracking chewing skill.

4 **One path or blended**
Purées and BLW aren't either/or — many mix both.

4–8 Months

Introduction to solids — breastmilk/formula remains primary

BREASTMILK / FORMULA STILL COME FIRST — approximate

Breastfed: ~25–27 oz/day (750–800 mL). Nursing on demand, commonly 4–6+ times/day.

Formula-fed: ~24–32 oz/day across 4–5 feedings (~6–8 oz each)

P Spoon-Fed Purées

TEXTURE

Smooth, thin, single-ingredient purées

PORTION/FEEDING

Start 1–2 tsp; build to 2–4 Tbsp

MEALS/DAY

1–2 meals, after a milk feeding

F Baby-Led Weaning

FOOD SHAPE/SIZE

Finger-length sticks, adult-finger thick

HOW MUCH

Not measured — baby self-selects

MEALS/DAY

1–2 meals, seated upright, supervised

TIP: Iron-rich first foods (fortified cereal, puréed meat, legumes) matter most at this stage.

Iron-Rich & Nutrient-Dense Foods for This Age

IRON-RICH

- Oat or multigrain infant cereal (iron-fortified)
- Puréed meat (beef, chicken, turkey)
- Puréed lentils or beans
- Puréed tofu

NUTRIENT-DENSE

- Mashed avocado
- Puréed sweet potato or squash
- Plain whole-milk yogurt
- Puréed prunes or pears

Example Meal — 4–8 months (thin purées)

- **Iron-rich:** Puréed beef
- **Vegetable:** Puréed peas
- **Fruit/Grain:** Oat cereal + pear

Breastmilk figures are approximate (Kent et al., 2006). Formula figures follow AAP/CDC guidance.

TIP: Skip rice cereal — oat or multigrain infant cereal offers more nutrients. Either way, choose iron-fortified brands.

8–10 Months

Pincer grasp emerges — textures and independence advance

BREASTMILK / FORMULA STILL COME FIRST — approximate

Breastfed: ~25–27 oz/day (750–800 mL). Nursing on demand, commonly 4–6+ times/day.

Formula-fed: ~24–32 oz/day, gradually tapering as solid intake increases

P Spoon-Fed Purées

TEXTURE

Thicker mashed or lumpy; mixed-ingredient purées

PORTION/FEEDING

4–6 Tbsp (about 2–3 oz)

MEALS/DAY

2–3 meals plus 1 snack

F Baby-Led Weaning

FOOD SHAPE/SIZE

Smaller soft pieces, about ¼–½ inch

HOW MUCH

Offer variety across food groups

MEALS/DAY

2–3 meals plus 1 snack, supervised

TIP: Watch for the pincer grasp (thumb + forefinger) — sign your baby's ready for smaller, self-fed pieces.

Iron-Rich & Nutrient-Dense Foods for This Age

IRON-RICH

- Soft-cooked minced meat or poultry
- Mashed beans or lentils
- Well-cooked scrambled egg
- Iron-fortified cereal mixed into foods

NUTRIENT-DENSE

- Mashed avocado
- Soft steamed broccoli or peas
- Whole-milk yogurt or cottage cheese
- Mashed banana or soft ripe fruit

Example Meal — 8–10 months (small soft pieces)

- **Iron-rich:** Minced chicken
- **Vegetable:** Soft broccoli
- **Fruit/Grain:** Banana & toast

Breastmilk figures are approximate (Kent et al., 2006). Formula figures follow AAP/CDC guidance.

10–12 Months

Transitioning toward family table foods

BREASTMILK / FORMULA STILL COME FIRST — approximate

Breastfed: ~25–27 oz/day (750–800 mL). Nursing on demand, commonly 4–6+ times/day.

Formula-fed: ~24 oz/day; transition to whole milk begins after the first birthday

P Spoon-Fed Purées

TEXTURE

Soft mashed/minced table foods; purées optional

PORTION/MEAL

¼–½ cup (4–8 Tbsp)

MEALS/DAY

3 meals plus 1–2 snacks

F Baby-Led Weaning

FOOD SHAPE/SIZE

Bite-sized soft pieces, about ½–¾ inch

HOW MUCH

Self-regulated; intake varies daily

MEALS/DAY

3 meals plus 1–2 snacks, supervised

TIP: By 12 months most babies can share modified family meals — keep pieces soft and appropriately sized.

Iron-Rich & Nutrient-Dense Foods for This Age

IRON-RICH

- Shredded or minced meat, poultry, or fish
- Chopped scrambled or hard-boiled egg
- Beans, lentils, or tofu cubes
- Iron-fortified cereal

NUTRIENT-DENSE

- Soft-cooked carrots, squash, green beans
- Whole-grain pasta or bread
- Cheese cubes or yogurt
- Soft cut fruit (banana, pear, melon)

Example Meal — 10–12 months (bite-sized table food)

- **Iron-rich:** Shredded turkey
- **Vegetable:** Diced carrots
- **Fruit/Grain:** Pasta & melon

Breastmilk figures are approximate (Kent et al., 2006). Formula figures follow AAP/CDC guidance.

12 Months to 2 Years

Continued breastfeeding, and the shift to toddler eating

The WHO and AAP recommend breastfeeding as desired by you and your child, up to age 2 and beyond — there's no required stopping point. Breastfeeding past 12 months continues to offer nutritional and immune benefits alongside a full toddler diet.

B Continued Breastfeeding

COMPOSITION

Breastmilk adapts to your toddler's needs; still gives antibodies.

NO SET STOPPING POINT

There's no required age to wean — it's a mutual decision.

FREQUENCY

Naturally decreases as solid foods take up more of the day.

M If Formula-Fed: Whole Milk

TIMING

Most transition to whole cow's milk around 12 months.

AMOUNT

~16–24 oz (2–3 cups)/day — more can crowd out food/iron.

PLANT-BASED OPTION

Fortified soy or pea milk are good options, with physician or nutritionist guidance.

TIP: Toddlers regulate their own intake. Keep offering variety without pressure — consistent exposure matters more than any one meal.

What changes at the table: Solid foods now make up most of your toddler's diet, with milk as a supplement. Offer 3 meals plus 2 snacks of family food cut into soft, bite-sized pieces. Offer water in an open cup; limit juice to 4 oz/day or less. Appetite becomes less predictable — that's normal.

Based on WHO's Global Strategy for Infant and Young Child Feeding and the AAP's 2022 policy statement on breastfeeding (Meek et al., Pediatrics).

Introducing Allergens Safely

Early, regular exposure is what the evidence supports

Most babies without risk factors can start introducing allergenic foods around 4–6 months, alongside other first foods. No need to delay, no required order.

Good to know: The old “wait 3–5 days between foods” advice is outdated — reactions typically show up within minutes to two hours, not days. It's still smart to introduce new allergens one at a time so you know which food to blame if a reaction happens.

Milk • Egg • Peanut • Tree nuts • Wheat • Soy • Fish • Shellfish • Sesame

Traditional Foods

Real food, texture-appropriate — thinned peanut butter, well-cooked egg, plain yogurt. Small amount first; wait 10 min.

Powder Mix-Ins

Pre-measured packets (e.g., Ready, Set, Food!) stirred into a bottle or purée. Staged daily dose.

Oral Allergen Drops

Liquid microdoses (e.g., Amuse). Newer category; sold as a supplement, not FDA-approved.

When to check with your doctor first: *babies with moderate-to-severe eczema or an existing food allergy have a higher chance of also reacting to peanut or egg. Testing or a supervised in-office feeding may be recommended.*

TIP: Consistency matters most — regular exposure (roughly 3x/week) is what's linked to lower allergy risk.

How to Introduce Each Allergen (as a Purée)

- Milk: yogurt or cheese stirred into purée
- Egg: well-cooked egg mashed into purée
- Peanut: thin peanut butter mixed into purée
- Tree nuts: thin almond/cashew butter into purée
- Wheat: infant wheat cereal mixed into purée
- Soy: soft tofu or soy yogurt mashed into purée
- Fish: flaked, deboned fish puréed
- Shellfish: well-cooked shrimp puréed/minced
- Sesame: tahini thinned into purée

Based on NIAID's Addendum Guidelines for Peanut Allergy Prevention (2017) and the LEAP trial (Du Toit et al., NEJM 2015). Products named are examples, not endorsements — talk with your child's doctor first.

Recognizing an Allergic Reaction

Mild, single-system reactions can wait for a call. Anything more goes to the ER.

CALL YOUR DOCTOR

Mild & Single-System, Not Progressing

- Isolated skin symptoms — a few localized hives, flushing, mild itching, or mild redness around the mouth, with nothing else
- Mild GI discomfort alone, or mild runny nose/itchy eyes alone

These can often be watched at home with an oral antihistamine (like cetirizine) while you call for guidance.

CALL 911 / GO TO THE ER

Anything Else, or More Than One Symptom

- Any breathing change: difficulty breathing, noisy or high-pitched breathing, or voice change
- Swelling of the lips, tongue, or throat, or any sense of throat closing
- Pallor, floppiness/limpness, lethargy, poor responsiveness, or collapse
- Persistent or repeated vomiting after a likely allergen exposure
- Two or more symptoms together (e.g., hives plus vomiting)
- Any rapidly progressing symptoms, even if each seems mild

When in doubt, treat it as anaphylaxis and call 911.

TIP: Introduce a new allergen at home, earlier in the day, when you can watch your baby for about 2 hours afterward.

This is general education, not a diagnosis or treatment plan. If you're ever unsure whether a reaction is serious, treat it as an emergency.

Quick Reference Chart

Portions, milk, and food sizes at a glance

Age	Milk/day (approx.)	Purée portion	BLW piece size	Meals
4–8 mo	BF: 4–6+/day Form: ~24–32 oz	1–2 tsp→2–4 Tbsp	Sticks, fist grip	1–2
8–10 mo	BF: 4–6+/day Form: ~24–32 oz	4–6 Tbsp	¼–½ in pieces	2–3+snack
10–12 mo	BF: 4–6+/day Form: ~24 oz	¼–½ cup	½–¾ in pieces	3+1–2 snack

Reminder: Figures are typical, approximate ranges. Breastmilk should continue to anchor your baby's diet through the first year — solids are additive, not a replacement.

Concerned Feeding Isn't Going Well?

When to loop in your pediatrician — and when FLOW can help

- Weight gain or growth has slowed
- A very limited, non-expanding list of foods
- Persistent refusal of all solids past 9–10 mo
- Persistent gagging or choking

HOW FLOW CAN HELP

Expert, Individualized Feeding Support

Comprehensive medical care for breastfeeding and feeding dyads. If your pediatrician recommends specialized support, we're here.

Phone: (865) 343-0377 **Email:** info@flowbreastfeeding.com **Website:** www.flowbreastfeeding.com

Sources & Further Reading

- American Academy of Pediatrics (AAP) — infant nutrition and complementary feeding guidance
- Centers for Disease Control and Prevention (CDC) — Infant and Toddler Nutrition, feeding schedules by age
- ESPGHAN Committee on Nutrition — Complementary Feeding: Position Paper
- World Health Organization (WHO) — Complementary feeding guidance; Global Strategy for Infant and Young Child Feeding
- Meek JY, et al. (2022) — AAP Policy Statement on Breastfeeding and the Use of Human Milk, Pediatrics
- Kent JC, et al. (2006) — Volume and frequency of breastfeedings and fat content of breastmilk, Pediatrics
- NIAID-Sponsored Expert Panel (2017) — Addendum Guidelines for the Prevention of Peanut Allergy in the United States
- Du Toit G, et al. (2015) — Randomized Trial of Peanut Consumption in Infants at Risk (LEAP), New England Journal of Medicine
- Food Allergy Research & Education (FARE); pediatric anaphylaxis recognition criteria (single- vs. multi-organ-system involvement, infant-specific signs)
- Gupta et al. (2023) — survey data on new-food wait times, JAMA Network Open; Lurie Children's Hospital

This handout is an educational reference and not a substitute for individualized medical guidance. Talk with your child's healthcare provider about what's right for your baby.