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Feeding your baby and young child



This chapter provides advice on feeding your baby and young child, from the early days through weaning on solid food and beyond.

Feeding your baby

Breastfeeding is the healthiest way to feed your baby. Exclusive breastfeeding (that means giving your baby breastmilk only, with no other food or drink) is recommended for around the first six months of your baby's life. Breastmilk provides all the nutrients your baby needs and helps to protect them from infections and diseases.

After six months giving your baby breastmilk alongside solid food will help them continue to grow and develop. The World Health Organization recommends exclusive breastfeeding for six months, and breastfeeding along with solid foods into the second year of life and beyond.

Breastfeeding protects your baby from infections and diseases. It also offers health benefits for mums. Every day makes a difference to your baby,

and the longer you breastfeed, the longer the protection lasts. It reduces your chance of getting some illnesses later in life.

Formula milk cannot give your baby the same ingredients or provide the same protection.

Breastfeeding helps build a strong bond between mother and baby, both physically and emotionally.

Breastfeeding significantly reduces the chance of your baby being admitted into hospital to be treated for a chest infection or a gastric intestinal infection. Ear and kidney infections are also less likely if your baby

is breastfed. Breastfeeding reduces the risk of sudden infant death (also known as cot death).

Breastfeeding also helps protect against childhood obesity and diabetes.

Help with breastfeeding

Midwives, health visitors and trained volunteers such as peer supporters or voluntary breastfeeding counsellors can all offer information and practical help with breastfeeding. Peer supporters are mothers who have breastfed their own babies and have had training to help them support other mothers. Talk to your midwife or health visitor about the help that is available in your area.

For more information breastfeeding support groups in your area visit www.breastfedbabies.org



Breastfeeding

Just like any new skill, breastfeeding takes time and practice to work well. In the first few days, you and your baby will be getting to know each other. Any close contact and holding your baby against your skin can really help with this.

The more time you spend with your baby, the quicker you will learn to understand each other's signs and signals. The next few pages will help you to understand how breastfeeding works. And remember, it's OK to ask for help.

Immediately after your baby is born

Every pregnant woman has milk ready for her baby at birth. This first milk is called colostrum and it is sometimes quite yellow in colour.

It is very concentrated, so your baby only needs a small amount at each feed, which might be quite frequent. It is full of antibodies to boost your baby's ability to fight off infection.

Holding your baby against your skin straight after birth will calm them, steady their breathing and keep them warm. It will also encourage them to breastfeed. Babies are often very alert in the first hour after birth and keen to feed. Your midwife can help you with this.



The first few days

Each time your baby feeds, they are letting your body know how much milk it needs to produce. The amount of milk you make will increase or decrease in line with your baby's needs. Around days two to four, you may notice that your breasts become fuller and warmer.

This is often referred to as your milk 'coming in'. To keep yourself as comfortable as possible, feed your baby as often as they want. Your milk will vary according to your baby's needs. It will look quite thin compared with colostrum, but gets creamier as the feed goes on. Let your baby decide when they have had enough.

'Liquid gold': the perfect food for your newborn

Colostrum is sometimes called 'liquid gold'. This extra-special breastmilk is full of germ-fighting antibodies that will help protect your baby against infections that you have had in the past. The first few feeds 'coat' your baby's gut to protect them from germs and reduce the chances of them developing allergies as they get older.

Later on, your breastmilk will still contain antibodies, and as you come across new infections you will have new antibodies in your milk. This means that if you get colds or flu while you are breastfeeding, your baby will automatically get some immunity from those illnesses.



Sometimes, breastmilk may leak from your breast. You may need to wear breast pads and to change them frequently. If you need to quickly stop your milk flowing you can apply some pressure to your nipple with the flat of your hand for a few seconds.

In the beginning, it can seem that you are doing nothing but feeding, but gradually your baby will get into a pattern of feeding and the amount of milk you produce will settle.

Your baby will be happier if you keep them near you and feed them whenever they are hungry. This will quickly help your body to produce the amount of milk your baby needs. At night, your baby will be safest sleeping in a cot in the same room as you. This will make feeding easier and will reduce the risk of sudden infant death. Try to take each day as it comes. If you are very uncomfortable or sore, ask for help as soon as possible.

Health professionals recommend that babies and adults should be given extra vitamin D. It is recommended that babies who are consuming less than 500ml of infant formula a day are given a supplement of 8.5–10mcg of vitamin D. If you are not eligible for Healthy Start vitamins, you can buy vitamin D infant drops from your local pharmacy.

You can learn more about breastfeeding from the Public Health Agency booklet *Off to a good start*. Ask your midwife for a copy or visit pha.site/good-start

First steps: starting to breastfeed

You might like to watch the Bump to Breastfeeding video as you read this part of the chapter so you can see what to expect. To view this video visit pha.site/bump-to-breastfeeding

Getting comfortable

You can breastfeed in a number of different positions. Finding one that is comfortable for both of you will help your baby feed as well as possible.

If you are lying back in a well-supported position with your baby lying on your tummy, they will often move themselves onto your breast and begin to feed.

Remember at all times to keep your baby safe. Never breastfeed your baby lying down on a sofa.

Helpful tips

Breastfeeding should feel comfortable. Your baby should be relaxed. You should hear a soft swallowing. If it doesn't feel right, start again. Slide one of your fingers into your baby's mouth, gently break the suction and try again.

You can try feeding lying in bed on your side or in a bed or chair, supported in an upright position. This will make it easier to hold your baby so their neck, shoulders and back are supported and they can reach your breast easily. Their head and body should be in a straight line.

Attaching your baby

To begin breastfeeding, hold your baby close to you with their nose level with your nipple.

Let their head tilt a little so the top lip can brush against your nipple. This should encourage your baby to open their mouth.

Once the baby's mouth is wide open, bring them to your breast, chin first, head tipped up and nose clear of the breast. Make sure your baby takes in a large mouthful of breast, not just the nipple. Your nipple should go towards the roof of your baby's mouth.

The let-down reflex

Your baby's sucking causes milk stored in your breasts to be squeezed down ducts inside your breasts towards your nipples.

This is called the 'let-down' reflex. Some women get a tingling feeling which can be quite strong, while others feel nothing at all. You will see your baby respond and their quick

sucks change to deep rhythmic swallows as the milk begins to flow. Babies often pause after the initial quick sucks while they wait for more milk to be 'delivered'. If your baby falls asleep quickly before the deep swallowing stage, check that they are properly latched on. It might be easier to get someone else to check for you. Sometimes you will notice your milk flowing in response to your

baby crying or when you have a warm bath.

If you have any concerns about any of these points, talk to your midwife, health visitor or peer supporter.

Note that if your baby seems unusually sleepy and/or is slow to start feeding, they may be ill, so contact your GP as soon as possible.



Bring your baby in close to your body so that they don't have to stretch to reach your breast. Support their neck, shoulders and back. Make sure their head is free to be able to tilt back.



Check their head and body are in a straight line facing the same way as they will be uncomfortable if they are twisted when feeding. Move your baby so that they start the feed with their nose pointing to your nipple.



Starting 'nose to nipple' like this allows them to reach up and get a mouthful of breast from underneath your nipple.



With the chin firmly touching, and with the nose clear, the mouth is wide open, and there will be much more of the darker skin visible above your baby's top lip than below their bottom lip – and their cheeks will look full and rounded as your baby feeds.

How do I know that my baby is feeding well?

- Your baby has a large mouthful of breast.
- Your baby's chin is firmly touching your breast.
- It doesn't hurt you to feed (although the first few sucks may feel strong).
- If you can see the dark skin around your nipple, you should see more dark skin above your baby's top lip than below their bottom lip.
- Your baby's cheeks stay rounded during sucking.
- Your baby rhythmically takes long sucks and swallows (it's normal for your baby to pause from time to time).
- Your baby finishes the feed and comes off the breast on their own.

Tips for breastfeeding

- Make sure your baby is well attached to your breast (see pictures on page 25). This will help your body make the right amount of milk and stop your breasts getting sore. The more you breastfeed your baby, the more milk you will produce. When your baby comes off the first breast, offer the second. It doesn't matter if they are not interested or don't feed for long, or even if they feed for longer on the second breast. This is fine – just start with this breast next time. Sometimes your baby might seem hungrier than usual and feed for longer or more often. Your body responds automatically and makes more milk to provide the extra needed. This is why you can feed more than one baby at the same time (see page 27).
- There is no need to offer formula milk in addition to breastmilk. If your baby feels hungrier, feed more often, rather than offer formula milk.
- Breastfeeding mums are now encouraged to practice responsive feeding. This means offering feeds before crying starts (such as when your baby is restless or sucking her fingers). It also involves offering the breast for food and comfort, which helps maintain a good supply.
- Breastfeeding can be a nice chance to sit down and rest. It can soothe, comfort and calm both you and your baby.
- Try not to give your baby any other food or drink before the age of about six months. This will reduce your milk supply and could increase the chance of your baby getting ill.

How do I know my baby is getting enough milk?

- Your baby should be healthy and gaining weight.
- In the first 48 hours, your baby is likely to have only two or three wet nappies. Wet nappies should then start to become more frequent, with at least six every 24 hours from day five onwards.
- Most babies lose weight initially. They should be weighed by a health professional sometime around day three to five. From then on, they should start to gain weight. Most babies regain their birth weight in the first two weeks.
- At the beginning, your baby will pass a black tar-like stool (poo) called meconium. By day three, this should be changing to a lighter, runnier, greenish stool that is easier to clean up. From day four and for the first few weeks, your baby should pass at least two yellow stools every day. These stools should be at least the size of a £2 coin. Remember, it's normal for breastfed babies to pass loose stools.
- Your breasts and nipples should not be sore. If they are, do ask for help.
- You can look at the feeding checklist in *Off to a good start* if you think your baby isn't getting enough milk.
- Your baby will be content and satisfied after most feeds and will come off the breast on their own.

Colour guide for a baby's stools for the first few days

Day 1

Days 2–3

Day 4



If you are concerned about any of these points, speak to your midwife or health visitor. After four weeks or so some breastfed babies will only poo once every few days and some will occasionally only poo once a week.

- Try not to give your baby a dummy until breastfeeding is going well, as this can also reduce your milk supply.
- If you decide to give formula, keep your milk supply going by breastfeeding as much as possible.

Breastfeeding while out and about

When you are out and about, wear something that will make it easier for you to breastfeed, like a t-shirt or vest top and a cardigan so that you can lift your top up from the waist to feed. If you are worried about showing your tummy you can wear a belly band or a second vest.

The Public Health Agency Breastfeeding Welcome Here scheme helps support mums who are breastfeeding by



asking businesses to display a sticker which says breastfeeding

mums are particularly welcome – look for a pink and white heart.



Visit www.breastfedbabies.org to see where your local members are.

Dummies

Try not to give your baby a dummy until breastfeeding is established, usually when your baby is about a month old.

Using dummies has been shown to reduce the amount of milk that is produced. If your baby becomes accustomed to using a dummy while sleeping, it should not be stopped suddenly in the first six months. But you should stop using a dummy when your baby is between six and 12 months old.

Make sure the dummy is sterilised and don't dip it in honey or sugar to make the baby suck it. They will suck it anyway. Using sugar will only encourage a craving for sweet things, which are bad for their teeth.

Breastfeeding more than one baby

Twins, triplets or more can be breastfed. Because multiple babies are more likely to be

born prematurely and to have a low birth weight, breastmilk is especially important for their wellbeing. To start with, you may find it easier to feed each of your babies separately, until you feel confident about handling them at the same time and feeding is well established.

This may take some time, so it can be really helpful to accept any offers of help around the house from family and friends.

Twins Trust provide information and support on feeding – for more information visit www.twinstrust.org

Over time, you will learn what works best for you and your babies.

Triplets can be breastfed either two together and then one after, or all three rotated at each feed. Alternatively, you can use a combination of breast and formula, depending on the babies and your milk supply. See page 40 for more on combining breast and formula feeding.





you still want to give them breastmilk.

If you have to be away from your baby – for example, because your baby is ill or premature, or because you are going back to work – you may wish to express milk so that somebody else can feed your baby.

How long should I breastfeed?

Exclusive breastfeeding (with no other food or drink) is recommended for around the first six months of a baby's life. After this, you can carry on giving your baby breastmilk alongside other foods for as long as you and your baby want. This can be into the second year or beyond. For information about introducing your baby to solid foods, see the PHA leaflet *Weaning made easy* on www.publichealth.hscni.net/publications.

Every day you breastfeed makes a difference to you and your baby. There is no need to decide at the beginning how long you will breastfeed. Many mothers continue to breastfeed if or when they return to work or college.

To find out more about breastfeeding and returning to work, see the Public Health Agency leaflet *Breastfeeding and returning to work* at pha.site/breastfeeding-work

The practicalities will depend on how old your baby is and how

many feeds they need while you are apart, but it's often easier to manage than people think. Your peer supporter, midwife, health visitor or local support group can explain the options and talk them through with you.

If you stop breastfeeding, it can be difficult to restart. Giving formula milk to a breastfed baby can reduce your supply of breastmilk. See page 40 for more information on combining the two.

Breastfeeding can continue with minimal planning and a little support for a planned trip (such as a friend's hen weekend, business trip) or separation from your baby.

Download the Best Beginnings Baby Buddy app at www.bestbeginnings.org.uk

Expressing milk

Expressing milk means removing milk from your breast. You may want to express milk if your breasts are feeling uncomfortably full, or if your baby is not sucking well but

You can express milk by hand or with a breast pump. Different pumps suit different women, so ask for information to compare them. A pump needs to be clean and sterilised each time it is used.

Expressing by hand

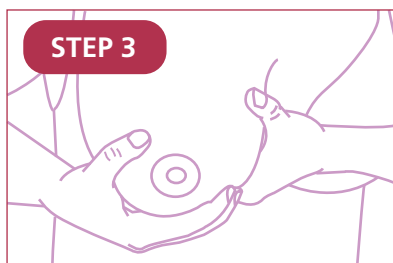
It is usually more effective to express milk by hand than to use a pump in the first few days. If you want to collect the milk, you will need a sterilised container. The following suggestions should help:

1. Before you start, wash your hands thoroughly then gently massage your breast to stimulate the milk to start flowing.



2. If you are going to collect the milk, use a sterilised jug or bowl to catch the milk.

- Place your thumb on top of your breast and the rest of your fingers below about 2–3 centimetres from the base of your nipple, with your thumb and fingers in a sort of C-shape.



- Release the pressure then repeat, building up a rhythm. Avoid sliding your fingers over the skin. At first, only drops will appear, but just keep going as it will help build up your supply. With practice, and a little time, milk will flow freely.



- When no more drops are coming, move your fingers round to try a different section of your breast and repeat.
- When the flow slows down, swap to the other breast. Keep changing breasts until the milk is dripping very slowly or stops altogether.
- If the milk doesn't flow, try moving your fingers slightly towards the nipple or further away, and try giving your breast a gentle massage.



Expressing milk if your baby is premature or ill

It is important to try to express your milk as soon as possible after your baby is born (ideally within the first two hours of birth). To ensure that you produce plenty of milk, you will need to express at least eight to ten times in 24 hours, including during the night, just as your baby might be doing if they were able to feed directly. Ask the hospital staff about having skin-to-skin contact with your baby. This will help with bonding and keeping up your milk supply.

Hospitals often have machines for expressing milk, and will show you how to use one. If you go home from hospital before your baby you may need to use an electric breast pump for many weeks. You can borrow a breast pump from Tiny Life, the premature baby charity. Contact them on 028 9081 5050 or visit tinylife.org.uk

If you are freezing breastmilk because your baby is premature or ill, ask the staff caring for your baby for support and

information. Also see the section below for guidance on storing breastmilk.

Your midwife, health visitor or peer supporter can give you practical help and answer any questions.

Cup feeding

Sometimes, your baby might need some extra milk, or find it hard to feed from your breast. In this case, your midwife might suggest that you give your baby some expressed milk in a cup. Ask her to show you how. In this way, your baby is able to taste and begin drinking your milk. You should not pour milk directly into your baby's mouth.

Storing breastmilk

You can store breastmilk for up to five days in the fridge at 4°C or lower. This means putting the milk in the coolest part of



the fridge, usually at the back (do not keep it in the door). Breastmilk can be frozen in a domestic freezer for up to three months. Breastmilk should be labeled with the date and time expressed. Breastmilk should be given at around the same time of day it was expressed.

Breastmilk must always be stored in a sterilised container. If you use a pump, make sure you wash it thoroughly after use and sterilise it before use.

Milk should be defrosted in the fridge. Once it's defrosted, you will need to use it straight away.

Milk that has been frozen is still good for your baby and better than formula milk. Milk should not be refrozen once thawed. Don't use a microwave oven to warm

or defrost breastmilk as this can alter the proteins in your milk and there is a risk of scalding.

Some common breastfeeding problems and how to solve them

Tender breasts, blocked ducts and mastitis

Milk can build up in the ducts for a variety of reasons. The most common are wearing a too-tight bra, missing a feed, or a blow to the breast. It's important that you deal with a blocked duct as soon as possible so that it doesn't lead to mastitis (inflammation of the breast).

If you have mastitis, your breasts will feel hot and tender. You may see a red patch of skin which is painful to touch. You can feel quite ill, as if you have flu, and you may have a temperature.

This can happen very suddenly. It is very important to carry on breastfeeding as this will help you get better more quickly.

Sore or cracked nipples

If your nipples hurt, take your baby off the breast and start again. If the pain continues or your nipples start to crack or bleed, ask for help so you get your baby latched on comfortably.

It can sometimes take a little while to sort out how to prevent the soreness, but it is important to get support as soon as possible.

The following suggestions may also help:

- try squeezing out a drop or two of your milk at the end of a feed and gently rubbing it into your skin;

Helpful tips with mastitis

If you think you might have mastitis (or a blocked duct), try the following:

- take extra care to make sure your baby is attached well to your breast;
- feed your baby more often;
- let your baby feed on the tender breast first;
- if your breasts still feel full after a feed, or your baby cannot feed, express your milk (see page 28 for more information on how to do this);
- warmth on your breast before a feed can help milk flow and make you feel more comfortable;
- while your baby is feeding, gently stroke the lumpy area with your fingertips towards your nipple - this should help the milk to flow;
- get lots of rest - go to bed if you can;
- take a painkiller such as paracetamol;
- ask for help with how you get your baby latched on properly (see page 25 for information);
- mastitis may also be a sign of infection. If there is no improvement within 12 to 24 hours, or you start to feel worse, contact your GP or healthcare professional.

If necessary, they can prescribe antibiotics that are safe to take while breastfeeding.



- let your nipples dry before covering them;
- if you are using breast pads, they need to be changed at each feed (if possible, use pads without a plastic backing);
- avoid soap as it dries your skin out;
- wear a cotton bra, so air can circulate;
- some mothers treat any cracks or bleeding with a thin smear of white soft paraffin or purified lanolin.

Put the ointment on the crack (rather than the whole nipple) to help it heal and prevent a scab forming.

It can be hard to ask for help, but tackling any problems as soon as they start will give you more time to enjoy these early days. In lots of cases, the solution is as simple as changing your baby's position slightly or feeding them a bit more often.

Unsettled feeding

If your baby is unsettled at the breast and doesn't seem satisfied by feeds, it may be that they are sucking on the nipple alone, and so are not getting enough milk. Ask for help to get your baby into a better feeding position.

Thrush

If you suddenly get sore, bright pink nipples after you have been feeding without problems for a while, you might have an

infection known as thrush. Ask for help to check that your baby is latched on properly, and make an appointment with your GP. You can obtain more information on breastfeeding and thrush from www.breastfeedingnetwork.org.uk

You and your baby will both need treatment. You can easily give thrush to each other, so if your baby has it in their mouth they will need oral gel and you will still need some cream for your nipples to stop it spreading to you. You may want to ask your pharmacist for advice. Some antifungal creams can be bought over the counter from a pharmacy.

Tongue-tie

Some babies are born with a tight piece of skin between the underside of their tongue and the floor of their mouth. This is known as tongue-tie, and it can sometimes affect feeding by making it hard for your baby to attach to your breast. Tongue-tie does not always need surgical treatment. But if after getting help with positioning and attachment it is still difficult to achieve pain free breastfeeding, it could be helpful to be assessed to see if getting the tongue-tie snipped would help. If you have any concerns talk to your midwife or health visitor and if necessary ask to be seen by a breastfeeding specialist within your Health and Social Care Trust.



Staying healthy

You don't need to eat anything special while you are breastfeeding, just make sure you have a varied and balanced diet.

Your milk is good for your baby whatever you eat, but there are foods to avoid (see page 33). Being a new mother is hard work though, so it's important to look after yourself and try to eat as varied and balanced a diet as you normally would. Aim to eat healthily as a family. A healthy range of food includes:

- at least five portions of a variety of fruit and vegetables a day (including fresh, frozen, tinned, dried and juiced);
- a low alcohol intake as alcohol in breastmilk can affect your baby's feeding or sleeping; avoid drinking alcohol shortly before feeding your baby;
- not too much strong tea or coffee;



- starchy foods such as wholemeal bread, pasta, rice and potatoes;



- plenty of fibre, found in wholegrain bread and breakfast cereals, pasta, rice, pulses (such as beans and lentils), fruit and vegetables; after childbirth, some women experience bowel problems and constipation – fibre helps with both of these;
- protein, such as lean meat and poultry, fish, eggs and pulses;
- at least two portions of fish each week, including one portion of oily fish;
- dairy foods, such as milk, cheese and yogurt, which contain calcium and are a useful source of protein.

It's also important to drink plenty of fluid. Aim for at least 1.2 litres (six to eight glasses) each day. It's a good idea to have a drink beside you when you settle down to breastfeed. All non-achoholic drinks count towards your fluid intake, but milk and water are your best choices.

To find out more about healthy eating, go to pha.site/healthy-eating

Helpful tips

- Eat when you feel hungry, and choose healthy snacks.
- You will probably feel quite thirsty. Have a drink beside you before you sit down to breastfeed.
- Try to eat a wide variety of foods.
- Try not to restrict your diet unless you think a food is upsetting your baby. Always talk to your health visitor or doctor before cutting out foods.

Healthy snack ideas

The following snacks are quick and simple to make and will give you the energy and strength you need:

- Fresh fruit.



- Sandwiches or pitta bread filled with salad vegetables, grated cheese, salmon or sardine or cold meat.
- Yogurt and fromage frais.

- Hummus and bread or vegetable sticks.
- Ready-to-eat dried apricots, figs or prunes.
- Vegetable and bean soups.
- Fortified unsweetened breakfast cereals, muesli or other wholegrain cereals with milk.
- Milky drinks.
- Baked beans on toast or baked potato.

Vitamin D

Vitamin D is an essential vitamin for everyone, to help develop and maintain healthy bones, teeth and muscles.

Babies and young children who don't get enough vitamin D before they are born or in their early lives, can be at risk of developing rickets, which causes weak and badly formed bones. We get vitamin D mainly from sunlight and a small amount from certain foods, but health

professionals recommend that everyone aged five years and over should consider taking a vitamin D supplement during the winter months (October to late March/April).

Breastfed babies from birth to one year of age should be given a daily supplement of 8.5–10 micrograms of vitamin D throughout the year to make sure they get enough, as their bones are growing and developing very rapidly in these early years.

Babies fed infant formula will only need a vitamin D supplement if they are receiving less than 500ml (about a pint) of infant formula a day, because infant formula has vitamin D added during processing.

Children aged 1 to 4 years require a daily supplement of vitamin D throughout the year.

If you are eligible for Healthy Start you can obtain free vitamin

drops for your child and these contain vitamin D. If you are not getting Healthy Start vouchers you can ask your local pharmacist about buying a suitable vitamin D supplement for your baby. You can find out more about vitamin D from the PHA leaflet at pha.site/vitamin-d-and-you

Foods to avoid

Breastfeeding mums should eat no more than one portion a week of shark, swordfish or marlin. These types of fish contain high levels of mercury. Don't eat more than two portions of oily fish per week. Oily fish includes salmon, mackerel, sardines and trout. Fresh tuna was classified as an oily fish until recently. Recent studies have shown the fish oil content of fresh tuna is similar to that of white fish.

Small amounts of whatever you are eating and drinking can pass to your baby through your breastmilk, so it's a good idea to think about how much alcohol and caffeine you are having. These may affect your baby in the same way they affect you. If you think a food or foods that you are eating are affecting your baby, talk to your GP or health visitor, or contact the National Breastfeeding Helpline on 0300 100 0212.



Alcohol

Generally, adult women should not regularly drink more than two to three units of alcohol per day. During pregnancy, women are advised to avoid drinking. If they do drink, they are advised to drink no more than one to two units once or twice a week, and are advised not to get drunk.

When you breastfeed, you are giving your baby the best possible start in life. It's very unlikely that having an occasional drink will harm you or your baby. However, we do know that alcohol passes through to the baby in very small amounts. So when breastfeeding it is sensible to drink no more than one or two units once or twice a week.

If you have drunk more than one or two units, it is worth remembering that the level of alcohol in your breastmilk reduces in the same way as it does in your body – so waiting an hour or more will reduce the amount of alcohol your baby gets through your breastmilk.

It is not safe to get drunk when you are caring for your baby – whether they are breast or formula fed.

One unit of alcohol is approximately equal to a 25ml measure of spirits, half a pint of beer, or half a 175ml glass of wine, although it depends on the strength of the drink (Note that in Northern Ireland, a pub measure of spirits is larger: 35ml).

The website pha.site/alcohol-units contains more information on units, including the units found in typical drinks.

If you drink alcohol and breastfeed, it can affect your baby in a number of ways:

- your milk may smell different and put your baby off feeding;
- the alcohol may make your baby too sleepy to feed;
- your baby may have difficulties with digestion and problems with their sleeping patterns.

If it's a special occasion and you know you are going to be drinking, consider expressing milk in advance.

To reduce the exposure of your baby to alcohol:

- avoid breastfeeding for at least two to three hours after drinking;
- have your drink after the last feed of the day – if you can predict when that will be!

Caffeine

Caffeine occurs naturally in lots of foods and drinks, including coffee, tea and chocolate. It's also added to some soft drinks and energy drinks and to some cold and flu remedies. In the early days, it is important that you don't have too much caffeine. Try decaffeinated tea and coffee, fruit juice or mineral water and limit the number of energy drinks, which might be high in caffeine.



Smoking

Smoking is bad for you, bad for your partner and especially bad for your baby. One of the best things you can do for your own and your baby's health is to stop smoking.

Each year, more than 17,000 children under the age of five are admitted to hospital because of the effects of second-hand smoke.

Avoid smoking in the home and ask your partner, friends and family to do the same when they are around your baby. From 1 February 2022, it is an offence to smoke in an enclosed private vehicle where a child or young person aged under 18 is present and there is more than one person in the vehicle. It is also an offence if the driver does not prevent smoking in a private vehicle.



If you do smoke and you are finding it difficult to quit, breastfeeding will still protect your baby from infections and give them nutrients they cannot get through formula milk. Smoking after feeds, rather than

before, will help reduce your baby's exposure to nicotine.

You are up to four times more likely to stop smoking successfully with support. Visit www.stopsmokingni.info for further information.

You can also speak to your GP or community pharmacist about the nicotine replacement therapy available to help you manage your cravings and become smoke free.

Peanuts

Peanuts are one of the most common causes of food allergy (see page 66). Peanut allergy affects about 1% of people and can cause severe reactions. Your baby may be at higher risk of developing a peanut allergy if you, the baby's father, brothers or sisters have a food allergy or other allergic condition such as hayfever, asthma and/or eczema.

If you would like to eat peanuts or foods containing peanuts (such as peanut butter) while breastfeeding, you can choose to do so as part of a healthy balanced diet, unless you are allergic to them or your health professional advises you not to.

You may have heard that some women have, in the past, chosen not to eat peanuts while they were breastfeeding. This is because the government previously advised women

that they may wish to avoid eating peanuts while they were breastfeeding if there was a history of allergy in their child's immediate family (such as asthma, eczema, hayfever, food allergy or other types of allergy), in case small amounts of peanut in their breastmilk increased the chance of the baby developing a peanut allergy. But this advice has been changed because the latest research shows that there is no longer clear evidence to say that eating or not eating peanuts while breastfeeding has any effect on your baby's chances of developing a peanut allergy.



If you have a child under six months and are not breastfeeding (for example because you are feeding your baby on formula), then there is no reason why you should avoid consuming peanuts or foods containing peanuts.

If you have any questions or concerns, you should discuss these with your GP, midwife, health visitor or other health professional.

Medicines and breastfeeding

Many illnesses, including depression (see page 18), can be treated while you are breastfeeding without harming your baby. Small amounts of whatever medicines you take will pass through your breastmilk to your baby, so always tell your doctor, dentist or pharmacist that you are breastfeeding.

Medicines that can be taken while breastfeeding include:

- most antibiotics;
- common painkillers such as paracetamol and ibuprofen (use with caution when breastfeeding – speak to pharmacist before purchase). The lowest dose should be used for the shortest duration. Aspirin should not be used;

- hayfever medicines such as Clarityn and Zirtek;
- cough medicines (provided they don't make you drowsy);
- asthma inhalers;
- normal doses of vitamins.

You can use some methods of contraception but not all, so check with your GP or pharmacist. Some cold remedies are not suitable.

Over the counter medicines for minor ailments when breastfeeding

- Make sure the medicine is safe to take when breastfeeding.
- Watch your baby for side effects such as poor feeding, drowsiness and irritability. Stop taking the medicine if your baby gets side effects.
- For further information speak to your pharmacist.



Minor ailment	First choice	Second choice	Do not use
Constipation	Eat more fibre Bulk laxatives that contain ispaghula Lactulose	Bisacodyl Senna (occasional use only)	
Cough	Honey and lemon in hot water Simple linctus		Medicines that contain codeine (co-codamol, co-dydramol) or guaifenesin
Diarrhoea	Oral rehydration sachets	Occasional doses of loperamide	
Haemorrhoids (piles)	Eat more fibre Bulk laxatives that contain ispaghula Lactulose	Soothing creams, ointments, suppositories or ice packs	
Hayfever, house dust mite and animal hair allergy	Antihistamine eye drops or nasal sprays Steroid nasal sprays	Antihistamines – cetirizine or loratadine. Do not use antihistamines that cause you to feel drowsy if caring for your baby.	Other antihistamines unless advised by your doctor
Head lice	Wet combing Dimeticone lotion	If ineffective, then head lice lotions	
Indigestion	Antacids (indigestion mixtures)	On your doctor's advice: medicines that reduce acid production, for example omeprazole	
Nasal congestion (stuffy or runny nose)	Steam inhalation	Oxymetazoline or xylometazoline nasal sprays (maximum of seven days)	Medicines that contain phenylephrine
Pain (headache, mastitis, toothache)	Paracetamol	Ibuprofen (use with caution when breastfeeding - speak to pharmacist before purchase. The lowest dose should be used for the shortest duration)	Medicines that contain aspirin Medicines that contain codeine (co-codamol, co-dydramol), unless advised by your doctor
Threadworms (treat whole household)	Mebendazole		
Vaginal thrush	Clotrimazole pessaries or cream	Fluconazole	

It's fine to have dental treatments, local anaesthetics, injections (including mumps, measles and rubella (MMR), tetanus and flu injections) and most types of operations. You can also dye, perm or straighten your hair, use fake tan and wear false nails.

Illegal drugs are dangerous for your baby, so talk to your midwife, health visitor, GP or for more information go to pharmaceuticals.in-breastmilk.org.uk, or contact druginformation@breastfeedingnetwork.org.uk

Your GP or pharmacist may like to look at the information from the National Formulary for Children (bnfc.nice.org.uk) to see what medicines can be given to babies and children, as these are likely to be safe for mothers to take when breastfeeding.

What partners should know about breastfeeding

Your partner's support is vital to helping you continue to breastfeed, as they can help by:

- making sure mother and baby are comfortable while feeding;
- explaining to family and friends about the importance of breastfeeding;
- bringing you a drink or a healthy snack to eat, such as a piece of fruit or a slice of toast;

- preparing meals and doing the housework so you can concentrate on feeding your baby;
- encouraging you, particularly when you are very tired or finding things difficult;
- protecting you from others' opinions about breastfeeding which may be undermining.

How partners can help

After the first few weeks when breastfeeding is going well, you might decide to express some milk so someone else can help with an occasional feed.

Expressing milk can be done by hand or, more usually, by using a pump to collect milk from the breast and store it in a bottle. Your health visitor or community midwife will be able to give advice on this. See also www.breastfedbabies.org

It's important to remember:

- Breastfeeding must be well established before a bottle is introduced as some babies can get confused or develop a preference for the bottle. This is because the sucking action required to feed from a bottle is different to that used to feed from the breast.
- Maintaining a good milk supply depends on milk

being removed regularly either by breastfeeding or expressing. Long periods between expressing or feeds may lower milk supply.

Knowing what helps

There are very few women who cannot breastfeed for medical reasons. However, many women experience difficulties if the baby is not latched onto the breast properly.

The more often your baby breastfeeds the more milk will be made – it works on supply and demand. Most babies will want to feed frequently, especially in the first weeks, so some feeds will seem very close together.

You and your partner may worry that your baby is not getting enough milk because you can't measure the amount they get.



But if they are having wet and dirty nappies and gaining weight at a normal rate, that means they are getting enough.

In fact, as your baby gets both a drink and food from the breast, there is no need for anything else for the first six months.

You and your partner may feel self-conscious about breastfeeding in public but it can be done without anyone noticing. You can lift your top from the waist and perhaps use a blanket, scarf or shawl. It can look as if your baby is just having a cuddle.

Breastfeeding is sometimes used as a method of contraception. If you definitely don't want to have another baby just yet, it is best to use other more reliable methods of contraception which are suitable while breastfeeding.

Keeping mother and baby together at night is important as it makes it easier for you to feed baby in a responsive way.

Breastfeeding is handier than bottlefeeding at night and when away from home as there's no need to worry about keeping milk fresh and heating bottles, plus it's free – bottlefeeding a baby can cost over £800 a year. You will lose weight more quickly after the birth if you breastfeed.

How partners can get involved

If your baby is breastfed it is important for you to feed baby initially, but partners can be involved in many other ways caring for and being close to the baby. Here are some suggestions that your partner might like to try:

- change the baby's nappy;
- settle the baby after a feed by winding them;
- hold and soothe the baby;
- play with the baby;
- place the baby on their bare chest for skin-to-skin contact;
- give the baby a massage;
- carry the baby in a sling or baby carrier;
- talk, read and sing to the baby;
- take the baby for a walk in the pram;
- bath the baby.

Your relationship with your partner

Some parents worry that breastfeeding will affect the physical side of their relationship with their partner. Some women lose interest in sex after having a baby and for most couples it is difficult to find the time and



energy to make love, but it is possible for you both to enjoy an active sex life.

It is a good idea for you to feed the baby first so that you are more comfortable, your baby is settled and you are less likely to be disturbed by them crying.

Remember that breastfeeding may make your breasts feel more sensitive.

Your partner and your baby

The more your partner gets involved with caring for your baby, the more quickly they will develop a strong bond. Try to enjoy this time – it is busy and tiring but the rewards are amazing and it won't last forever!

Breastfeeding help and support

Don't be afraid to ask for the support and information you need to make breastfeeding work for you and your baby. No problem is too small – if something is worrying you, the chances are that other mothers will have felt the same.

You can get help from a peer supporter, your midwife or health visitor. You might also want to join a local breastfeeding group. It's a great way of making new friends as well as sharing the ups and downs of looking after a new baby. Most groups usually include a mix of healthcare professionals and local trained volunteer mothers (peer supporters). These mothers have breastfed their own babies and have had some training in basic breastfeeding techniques. Some peer supporters will have had more in-depth training to help them support new mothers.

There may be specialist drop-ins in your area where you can go if you have a specific concern or difficulty.

A list of breastfeeding groups for Northern Ireland can be found on www.breastfedbabies.org or ask your midwife or health visitor about your local group.

To find out what is available in your area, talk to your midwife or health visitor, or contact the **National Breastfeeding Helpline** on 0300 100 0212 (lines are open from 9.30am to

9.30pm) or go to the website at www.nationalbreastfeedinghelpline.org.uk

You can also get information online from the **Association of Breastfeeding Mothers** (www.abm.me.uk) and the **Breastfeeding Network** (www.breastfeedingnetwork.org.uk). The Breastfeeding Network runs a Support line on 0300 100 0210, and also offers a helpline for speakers of Bengali/Sylheti on 0300 456 2421. Lines are open from 9.30am to 9.30pm.

For breastfeeding information visit the Public Health Agency website www.breastfedbabies.org

The following voluntary organisations can also provide information:

La Leche League
0845 120 2918
www.laleche.org.uk

NCT (formerly the National Childbirth Trust) Breastfeeding Line
0300 330 0700
www.nct.org.uk

The **Unicef Baby Friendly** site at www.unicef.org.uk provides information and links to useful resources about many aspects of breastfeeding.

The **Breastfeeding Network's Drugs in Breastmilk Helpline** can provide information about breastfeeding and medicines. Call 0844 412 4665.

All these voluntary organisations provide training for peer supporters.

The *Bump to Breastfeeding (Best Beginnings)* video is a useful source of information and will give you an insight into other mothers' experiences of breastfeeding. You can view this video online at pha.site/bump-to-breastfeeding

Informal sharing of breastmilk

Informal milk sharing involves a mother providing extra expressed breastmilk to another mother who may have low milk supply. This practice is not recommended as human milk obtained from outside the Northern Ireland Human Milk Bank carries risks as it will not have been processed in a way that follows accepted guidelines. There are significant risks associated with using informally shared human milk as it could be contaminated with disease causing bacteria. It may contain viruses as a result of the mother having unknown infections such as HIV, hepatitis; and it may contain medications taken by the mother as well as alcohol, nicotine, drugs and other contaminants.

Any mother experiencing difficulties with milk supply should talk to a midwife or health visitor. With good support it is very possible to increase a mother's milk supply to meet the needs of her baby.



Different feeding situations

Some mothers breastfeed whereas other mothers use infant formula, and some mothers use a combination. There are several different ways of doing this:

- you can express breastmilk to be given by bottle;
- you can introduce infant formula but carry on breastfeeding;
- you can introduce infant formula and stop breastfeeding;
- depending on the age of your baby, they may take the milk in a cup.

Introducing infant formula

Introducing infant formula will reduce the amount of breastmilk you produce. This may make breastfeeding more difficult.

Most mothers find it easier, more comfortable and less likely to cause mastitis (painful, inflamed breasts) if they gradually stop breastfeeding.

So give yourself plenty of time for the change, and cut out one feed at a time. Try the first formula feed when your baby is happy and relaxed – not when they are very hungry. It may help if someone other than you gives the first feeds, so that your baby is not near you and smelling your breastmilk. It may take your baby a little time to get used to the new arrangements. So keep trying, stay calm and don't force it.

If you are making these changes because you are going back to work, make sure you start a few weeks before you are due to go back. However, don't feel you have to stop breastfeeding if you are returning to work.

Depending on what age your baby is, they may take milk from a cup while being cared for by someone else and you can breastfeed when you are at home with your baby.

Changing from breast to formula feeding can be an emotional time for you. It's best to do it gradually to give yourself time to adapt and your body time to reduce the amount of milk it makes.

Increasing the amount of breastmilk you make

If you have had a difficult start or have changed your mind and want to start breastfeeding, talk to your midwife, health visitor or peer supporter about what you can do. Holding and

cuddling your baby in close contact (skin-to-skin) as much as possible gives you and your baby the time and opportunity for breastfeeding to happen as easily as possible.

This stage can take some time, with your baby building up feeds little and often. This boosts your supply. When your baby comes off the first breast, offer the second. It doesn't matter if they are not interested or don't feed for long. This is fine – just start with that breast next time. Talk to your midwife, health visitor or peer supporter about ways to reduce the amount of formula or expressed milk.

If you have been expressing milk for most of your baby's feeds, it is often helpful to carry on so you keep your supply high during this transition period.

Types of milk to avoid

Cows' milk should not be given as a main drink to a child under the age of one year. Small amounts of cows' milk can be used in the preparation of foods and for cooking after six months of age. Condensed milk, evaporated milk, dried milk, sheep's milk, or any other type of drinks (such as rice, oat or almond drinks, often known as 'milks') should never be given to a baby under the age of one year. You should not use soya formula unless it has been prescribed by your GP.

Follow-on formula should never be fed to babies under six months old and there is no need to switch to these milks after six months.

Some follow-on formula has cereal added to it, and is described as a 'night-time feed for babies'. This type of formula is not necessary and there is no evidence that babies settle better or sleep longer when fed this.

Formula feeding

This new information is based on guidance from the Department of Health and the Food Standards Agency. It may differ from what you have done before if you have older children, but to minimise any risk it is recommended that you follow this new information.

Choosing a formula

The different types of infant formula, and other infant milks marketed for babies and young children, can seem confusing as there are lots of different brands and types available. The majority of infants who are formula fed or mixed fed should be given a first infant milk (sometimes called first stage or stage 1 milk) throughout the first year.

All infant formula on the UK market must meet required

standards for what they contain. More expensive brands still have to meet the same standards as cheaper brands. To find out more about infant formula visit www.firststepsnutrition.org

Infant formula milk usually comes in powder form and is based on processed, skimmed cows' milk and is treated so babies can digest it. Vegetable oils, vitamins, minerals and fatty acids are added to make sure the milk contains the vitamins and minerals that young babies need. This information will be on the contents list of the pack. Infant formula powders are not sterile, so it is important to follow the cleaning and sterilising instructions on page 42.

Formula is either 'whey dominant' or 'casein dominant', depending on the balance of proteins it contains. It may also be referred to as stage one or stage two milk. Whey-dominant milk is thought to be easier to digest than casein-dominant milk, so should always be the first formula you give your baby. There is little nutritional difference in the two forms of milk, so if whey-dominant formula milk suits your baby, they can stay on it for the first year or even longer.

'Ready-to-feed' infant formula milk in cartons is also available. This is generally more expensive than powdered milk. Once



opened, the carton should be stored in the fridge with the cut corner turned down or screw cap replaced. Do not store it for longer than 24 hours. You can continue giving your baby infant formula when they are older than six months. If you have any worries about the infant formula milk you are giving your baby, ask your midwife, health visitor or GP for information.

Using formula milk safely

Powdered infant formula milk must be prepared as carefully as possible. It is not a sterile product, and even though tins and packets of milk powder are sealed, they can contain bacteria such as *Cronobacter sakazakii* (formerly known as *Enterobacter sakazakii*) and, more rarely, salmonella.

If the feed is not prepared safely, these bacteria can cause infections. Infections are very rare, but can be life-threatening. Formula must therefore be made up with water hot enough to kill the bacteria – at least 70°C. In practice, this means boiling the kettle and leaving



it to cool for no longer than 30 minutes.

Vulnerable premature babies benefit from the use of ready-to-feed formula rather than powdered formula to reduce the risk of contamination and infection in hospital, however on discharge home a powdered formula can be used. If you are using formula, mix the formula and water and cool quickly to feeding temperature in cold water.

It's also essential to make up a fresh bottle for each feed. Throw away unused formula within two hours. Bacteria multiply rapidly at room temperature and can even survive and multiply slowly in some fridges, so storing formula milk for any length of time increases the risk.

Automatic formula makers

The Food Safety Authority of Ireland (FSAI) does not recommend the use of automatic formula preparation machines. There is not enough evidence to support the safety of these machines.

Vitamin drops

If your baby is formula fed, you should give them vitamin drops from the age of six months or if they are drinking less than 500ml of formula milk a day. Some babies may need to be

given vitamin D supplements from birth, see page 56 for more information. You can buy suitable drops at any pharmacy.

Ask your midwife or health visitor where you can get vitamin drops.

Sterilising

All the equipment used for feeding your baby must be sterilised. By sterilising your feeding equipment, washing your hands and keeping the preparation area clean, you will reduce the chance of your baby getting sickness and diarrhoea.

The following cleaning and sterilising instructions apply whether you are using expressed breastmilk or infant formula milk.

- 1 Clean and rinse.** Clean the bottle and teat in hot soapy water as soon as possible after a feed, using a clean bottle brush. Rinse all



equipment in cold, clean running water before sterilising.

2 Cold water sterilising.

Follow the manufacturer's instructions. Change the sterilising solution every 24 hours, and leave feeding equipment in the solution for at least 30 minutes. Make sure there is no air trapped in the bottles or teats when putting them in the sterilising solution. Keep all the equipment under the solution with a floating cover.

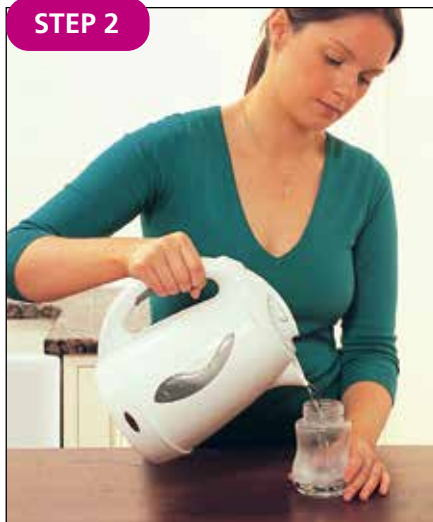
3 Steam sterilising (electric or microwave).

Follow the manufacturer's instructions. Make sure the openings of the bottles and teats are facing down in the steriliser. Any equipment not used straight away should be re-sterilised before use.

Preparing a feed

Step 1: Before making up a feed, clean and disinfect the surface you are going to use. Wash your hands carefully. If you are using a cold water steriliser, shake off any excess solution from the bottle and the teat or rinse the bottle with cooled boiled water from the kettle (not the tap). Stand the bottle on a clean surface. Keep the teat and cap on the upturned lid of the steriliser. Don't put them on the work surface.

STEP 2



Step 2: Use fresh tap water to boil a kettle with at least 1 litre of water. After it has boiled, let the water cool for no more than 30 minutes. Don't use artificially softened water or water that has already been boiled. If you have to use bottled water, you will still need to boil it. The water must still be hot, otherwise any bacteria in the milk powder might not be destroyed. For more information on bottled water, see page 44.

Always put the partially cooled boiled water in the bottle first.

Be careful – at 70°C, water is still hot enough to scald. Always check that the water level is correct. Failure to follow the manufacturer's instructions may make your baby ill.

STEP 3



Step 3: Loosely fill the scoop with milk powder and level it off using the flat edge of a clean, dry knife or the leveller provided. Do not pat it down.

STEP 4



Step 4: Add the milk powder to the water. Repeat, until you have added the number of scoops specified in the manufacturer's instructions. It is important to use only the scoop that is enclosed with that milk powder. Using too much powder can give your baby constipation and lead to dehydration; too little could mean that your baby is not getting the nutrients they need. Don't add sugar or cereals to the feed in the bottle.

STEP 5



Step 5: Holding the edge of the teat, put it on the bottle. Screw the retaining ring onto the bottle. Cover the teat with a cap. Shake the bottle until the powder dissolves.

Make sure you make up a fresh bottle each time you feed your baby and throw away unused feed after two hours. Using stored formula milk can increase the chance of your baby becoming ill.

Feeding your baby

Always cool your baby's milk down before feeding. At 70°C, it is still hot enough to scald. To cool it, hold the bottle, with the cap covering the teat, under cold running water. Test the temperature of the feed by dropping a little onto the inside of your wrist. It should just feel warm to the touch, not hot.

If the milk is too cool, and your baby doesn't like it that way, you can warm it up a little by putting the bottle upright in some hot water, keeping the teat out of the water. **Never warm milk in a microwave oven.** It will continue to heat up for a time after you take it out of the microwave, even though the outside of the bottle may feel cold. The milk inside may be very hot and could scald your baby's mouth.

Responsive bottle feeding

Get everything you need ready before you start feeding. Find a comfortable position to hold your baby while you are feeding. Use this time to connect with your baby, hold them close, talk to your baby and make eye

contact. Offer the bottle gently giving your baby time to take breaks. Some babies take some milk, pause for a nap, and then wake up for more. So you will need to be patient. Remember, feeding is an opportunity to feel close to your baby and for you and your partner to get to know them. Avoid lots of different people feeding your baby as this can be confusing and frightening for them. Even when your baby is a little older, they should never be left alone to feed with a propped-up bottle, as they may choke.



Bottled water

Bottled water is not a healthier choice than tap water and usually is not sterile. In fact, some natural mineral waters are not suitable for babies because of the amount of minerals they contain. If you need to use bottled water, remember that any bottled water that is labelled 'natural mineral water' might contain too much sodium for babies.

If you are giving bottled water to babies under six months, you should boil and cool it just like tap water. If you need to use bottled



water to make up infant formula (for babies of any age), you should boil it and allow it to cool for no more than half an hour.

Bottles and teats

You might find it useful to have about six bottles and teats, so you can always have at least one or two bottles clean, sterilised and ready for use. Ask your midwife or health visitor for more information.

You should buy new teats. They come in different shapes and with different hole sizes, and you may have to try several before you find the one that suits your baby. If the hole is too small, your baby will not get enough milk. If it's too big, the milk will come too fast.

It's best if you can buy new bottles too. Check regularly to make sure the bottles are in good condition. If they are badly scratched, you will not be able to sterilise them properly. If in doubt, ask your midwife or health visitor for more information.

You should check regularly that teats are not torn or damaged.

When feeding, make sure you keep the teat full of milk, otherwise your baby will take in air and get wind. If the teat becomes flattened while you are feeding, pull gently on the corner of your baby's mouth to release the vacuum. If the teat gets blocked, replace it with another sterile teat.

At the end of the feed, sit and hold your baby upright and gently rub or pat their back for a while to bring up any wind. There is no need to overdo it – wind is not as big a problem as many people think.

Talk to your baby as you rub or pat. This will help them feel closer to you and get them used to listening to your voice. Don't forget to throw away any milk that is not used within two hours.

Most babies gradually settle into a pattern. Babies vary in how often they want to feed and how much milk they want to take. Feed your baby when they are hungry, just as you would if you were breastfeeding, and don't try to force your baby to finish a bottle. They may have had enough for the time being or just want a rest.



Feeding away from home

The safest way of feeding your baby away from home is to carry a measured amount of milk powder in a small clean and dry container, a flask of boiled hot water and an empty sterilised feeding bottle. Make up a fresh feed whenever you need it. The water must still be hot when you use it, otherwise any bacteria in the milk powder might not be destroyed. Remember to cool the bottle under cold running water before you use it.

Alternatively, you could use ready-to-drink infant formula milk when you are away from home.

If it's not possible to make up a fresh feed, or if you need to transport a feed – for example to a nursery or childminder – you should prepare the feed at home and cool it in the back of the fridge for at least one hour. Take it out of the fridge just before you leave, and carry it in a cool bag with an ice pack and use it within four hours. If you reach your destination within four hours, take it out of the cool bag and store it at the back of a fridge for a maximum of 24 hours. Re-warm for no more than 15 minutes.

Coping with allergies

If you think your baby might be allergic to formula milk, talk to your GP. They can prescribe



formula feeds called 'extensively hydrolysed protein feeds'.

Some formulas are labelled as hypoallergenic, but they are not suitable for babies with a diagnosed cows' milk allergy. Talk to your GP before using this milk. Always get their advice before using soya-based infant formulas, too. Babies who are allergic to cows' milk may also be allergic to soya.

Babies sometimes grow out of allergies, and you may find that you can introduce cows' milk into your baby's diet as they get older. Always ask your GP or health visitor for advice before making any changes to your baby's diet.

When to use a cup

While breastfeeding is encouraged into the second year and beyond, for bottlefed babies it is recommended that after one year all drinks should be given from a cup and a feeding bottle should no longer be used.

Babies should be discouraged from holding the teat of a bottle in their mouths when they are not drinking. This is because it is important for learning to eat and talk, and for developing healthy teeth.



Babies can be encouraged to use cups when they start on solid food.



Some common problems with formula feeding

Crying and colic

For information about crying and colic, see page 83.

Sickness and vomiting

Some babies bring up more milk than others during or just after a feed. This is called 'possetting', 'regurgitation' or 'gastric reflux'. It is not unusual for babies to bring up quite a lot, but it can be upsetting when it happens and you may be worried that something is wrong.

As long as your baby is gaining weight, there is usually nothing



to worry about. But if your baby is violently sick or appears to be in pain, or you are worried for any other reason, talk to your health visitor or GP.

Cover your baby's front when feeding and have a cloth or paper towels handy to mop up any

mess. Check that the hole in your baby's teat is not too big, as giving milk too quickly can cause sickness. Sitting your baby upright in a baby chair after a feed can also help.

The problem usually stops after six months when your baby is starting on solid foods and drinking less milk.

If your baby brings up a lot of milk, remember that they are likely to be hungry again quite quickly. Don't force your baby to take more milk than they want during a feed. Remember, every baby is different. Some prefer to feed little and often.

Constipation

Always stick to the recommended amount of infant formula milk powder. Using too much can make your baby constipated or thirsty. Breastfed babies don't usually get constipated. If your baby is under eight weeks old and has not passed a stool for a few days, talk to your health visitor or GP. For further information, see page 89.

Introducing your baby to solid food

Food is one of life's greatest pleasures. Yet it's also a source of worry for many parents. What should my baby or child be eating? How do I encourage them to eat lots of different foods that will help to keep them healthy? Can I afford to feed them the right things? The next few pages will give you some basic guidelines on how to introduce your baby to solid foods and eating with the rest of the family.

For the first six months, babies only need breastmilk (or infant formula milk). It's normal for babies aged three to five months to start waking up in the night. This doesn't necessarily mean they are hungry. At this age, their digestive system is still developing and they are probably not ready for solid food.

By about six months, most babies are ready to start on solid food. At this age they may be able to sit up, wanting to chew and putting toys and other objects in their mouths, and reaching and grabbing for things.

Introducing a good variety of healthy foods from the start will help lay the foundations for healthy growth and development.

Eating with the family and sharing the same foods will help your baby learn valuable social skills too.

You can learn more about introducing solid foods from the Public Health Agency booklet *Weaning made easy*, available at pha.site/weaning

When to start solid foods?

Health experts agree that about six months is the best age for introducing solids. Before this, your baby's digestive system is still developing, and introducing solids too early can increase the risk of infections and allergies. Research has also shown that introducing solid food has little impact on how long a baby sleeps or how often they wake up during the night. It is also easier to introduce solids at six months.

If your baby seems hungrier at any time before six months, offer extra breastfeeds. Many mothers find that as their baby grows and gets heavier it can be very useful to make sure the baby's attachment at the breast is as good as it can be – this enables the baby to build up your supply again really quickly so that it is meeting their needs. Trying an extra feed for a

formula fed baby can also meet their needs.

Babies who were born prematurely may be ready at different times. Ask your health visitor for advice on what is best for your baby.

Have your baby eating with the family as early as possible. Breastfed babies have been enjoying the tastes and flavours of the foods you have been eating through your milk. This seems to help them to accept and eat foods more easily as they get older.

Sitting your baby in a high chair at the table means that you can smile and talk to them while they eat so that they feel included. Give your baby the same food as

the rest of the family, mashed or cut up into small pieces. Babies should not eat much salt, so you should not add any to your baby's food. Encourage babies and young children to feed themselves with finger foods, and let them decide when they have had enough.

Getting started

The idea of introducing solids is to introduce your baby gradually to a wide range of different textures and tastes so they can join in family meals. Introducing a variety of foods will also help make sure your baby's diet is nutritionally balanced.

Babies often like to start by holding foods such as vegetables cut into sticks or fruit.

Babies can help themselves to mashed foods. Some mothers may spoon-feed their baby but they will soon be able to do it themselves.

Some babies take time to learn to eat new foods. Your baby will be finding out about different tastes and textures





and that food doesn't come in a continuous flow. This may take time and you should be prepared for some mess! Never leave your baby alone when eating in case they choke.

Solid foods and milk

You will find that as your baby eats more solid foods, the amount of milk they want will start to reduce. Once your baby is eating solids three times a day, you may find that they take less milk at each feed or even drop a milk feed altogether.

Helpful tips

These points may help when your baby starts to eat solid foods:

- It needs to be a relaxed time – not when you are in a hurry or the baby is unsettled.
- To eat solid foods your baby has to learn to move food from the front of their tongue to the back so that they can swallow it. Some seem to do this really quickly and others take longer – that is OK, it's more important to go at your baby's pace.

- Your baby should be sitting up straight and facing the food. This will make it easier for them to explore foods and they will be less likely to choke. A high chair may be useful.

- Everything you use for feeding your baby should be really clean. It's better to spoon out the amount you think your baby will eat and heat this, rather than heating a large amount that then goes to waste. You can always heat up more if it's needed. Some babies are happy to eat food that has not been heated.

- Never reheat food that has already been reheated to prevent food poisoning.

- At first your baby will only need small amounts to try.
- Cover the floor with newspaper or a protective mat and use a bib to catch food spills – introducing solids can be a messy business!

- Feeding your baby is a great opportunity to communicate, so keep talking to them the whole time. This will help them to relax while they are eating. You will usually be sitting facing them, so they can really concentrate on what you are saying. Initially, your sentences can be very short ('More?'). As your child gets older, you can start offering more choices and using more complex language ('Do you want milk or water?').

- Babies love to explore and do things for themselves – it is how they learn new skills – so encourage your baby by giving finger foods so that they can do it for themselves. Don't worry if they make a mess.

- **Never** leave your baby alone when eating as they could choke. For further information on choking, see page 155.



How will I know when my baby has had enough?

Most babies know when they have had enough to eat, so don't try and persuade your baby to take more food than they want. Babies are telling you they have had enough when they:

- turn their head away;
- keep their mouth shut;
- push the bowl or plate away or on to the floor;
- scream or shout;
- keep spitting food out;
- hold food in their mouth and refuse to swallow it.

It doesn't really matter how much they eat; the important thing is to get them trying lots of different things. Give your baby plenty of attention, chat and enjoy meals together, and don't pressure them when they refuse food.

Safety and hygiene

Babies and young children are especially vulnerable to the bacteria that can cause food poisoning. Following a few simple guidelines will help to protect them from germs.

Dos:

- Always wash your hands well before preparing food.
- Check that hands are clean before feeding.

- Keep surfaces clean and keep any pets away from food or surfaces where food is prepared.
- Keep chopping boards and utensils thoroughly clean.
- Keep cooked and raw meats covered and away from each other and from other foods in the fridge. Always wash your hands after touching raw meat.
- Thoroughly wash all bowls and spoons for feeding in hot soapy water.
- When reheating food, make sure it's piping hot all the way through and then let it cool down before giving it to your child. If you are using a microwave, always stir and check the temperature before feeding it to your child. Don't reheat cooked food more than once to prevent food poisoning.
- Cook all food thoroughly and cool it to a lukewarm temperature before giving it to your baby.

- Wash and peel fruit and vegetables, such as apples and carrots.
- Teach your children to wash their hands after touching pets and going to the toilet, and before eating.

Don'ts:

- Don't save and reuse foods that your baby has half eaten.
- Don't give your baby shellfish.
- Don't give babies food or drink when they are sitting on the potty.

Due to improved food safety controls in recent years it is unlikely to get food poisoning from raw or lightly cooked hen eggs from reputable suppliers which have been produced under the British Lion Code of Practice. Therefore it is safe to enjoy soft boiled hen's eggs and foods containing raw or lightly cooked eggs. For more information on food safety and hygiene, go to the Food Standards Agency website at www.food.gov.uk



Storing and reheating food

Cool food as quickly as possible (ideally within one to two hours) and put it in the fridge or freezer. Food placed in the fridge should be eaten within two days. Frozen food should be thoroughly defrosted before reheating. The safest way to do this is in the fridge overnight or using the defrost setting on a microwave. Reheat food thoroughly so it is piping hot all the way through, but remember to let it cool down before offering it to your baby. To cool food quickly, put it in an airtight container and hold it under a cold running tap, stirring the contents from time to time so they cool consistently all the way through.

Choosing foods for your baby

First foods

Your baby's first solid foods need to be simple foods that they can easily digest, like vegetables, fruit or rice. Around six months of age, babies can eat finger foods – this means food that is big enough to be



held in their hand and stick out the top of their fist. Food cut into pieces that are adult finger sized usually works well. Try:

- sticks of cooked parsnip, potato, yam, sweet potato or carrot (or mash them to begin with);
- banana, avocado, cooked apple, peach, melon or pear;
- pieces of raw apple (large enough for your baby to gnaw on);
- rice (mashed, puréed or baby rice to begin with) and rice cakes;
- fingers of toast, pitta bread or chapatti;
- cooked pasta twists and other shapes.

See how your baby responds to different flavours and textures and get them used to chewing to help the development of their speech muscles. At this stage, how much your baby takes is less important than getting them used to the idea of eating.

Giving your baby a varied diet

When you are both ready, you can start to increase the amount of solid food your baby is getting. Your baby is the best guide to how much solid food you need to give. Aim to go from offering solid food once a day to providing it at two and then three feeds. Offering different foods at each of the three meals will give your baby more variety and will help them to get used to different flavours.



The aim is for your baby to get used to eating a wide variety of ordinary foods and to your pattern of eating – say, three meals a day with a drink at each meal and two or three small, healthy snacks. Giving them a wide variety of foods that you and your family usually eat will help reduce the risk of them being fussy about what they eat later on.



Ready-prepared baby foods

It can be useful to have a few jars, tins or packets of baby food in the cupboard, but don't use them all of the time. If you buy baby foods:

- check the 'use by' date;
- check that the seals on cans and jars have not been broken;
- carefully read the instructions for preparing the food;
- choose 'sugar-free' foods, or foods with no added sugars or sweeteners.

Note that although the labels on some baby foods say 'suitable from four months', health experts agree that around six months is the best age to start introducing solid foods.

Remember to check the label of any food product you use

to make family meals. Many sauces, soups, breakfast cereals and ready-prepared meals are high in salt and sugars. Try to look out for healthier versions.

Foods to avoid

Salt. Babies should not eat salt as their kidneys cannot cope with it. This means that you should not add salt to your baby's food or use stock cubes or gravy, as they are often high in salt. Remember this when you are cooking for the family if you are planning to give the same food to your baby, and always check food labels.

Sugar. Your baby doesn't need sugar and by avoiding sugary snacks and drinks you will help to prevent tooth decay. Use mashed banana, breastmilk or formula milk to sweeten food if necessary.

Honey. Very occasionally honey contains bacteria that

can produce toxins in a baby's intestines, leading to a very serious illness (infant botulism), so it's best not to give your child honey until they are one year old. Honey is a sugar, so avoiding it will help prevent tooth decay as well.

Choking

Babies can choke on hard foods such as raw carrot sticks or large pieces of apple, small round foods like grapes and cherry tomatoes, and foods with skin (like sausages) or bones (like fish). Peel the skin off fruit and vegetables and remove all bones. You could also cut food into small pieces and lightly cook vegetables like carrots before feeding them to your baby. It's also important not to leave your child alone when they are eating. Babies should not eat when lying back or when on the move.





Nuts. Whole nuts, including peanuts, should not be given to children under five years in case they choke. As long as there is no history of food or other allergies in your family, you can give your baby peanuts, as long as they are crushed or ground

into peanut butter. See pages 35 and 66 for information about peanut allergies.

Low-fat foods. Fat is an important source of calories and some vitamins for babies and young children.

Getting into good habits

Feeding your baby a balanced diet will give them the best chance of growing up into a healthy child and adult. It's much easier to establish good eating habits from the start, as it can be hard to change things once your baby is older.

Up to 12 months, babies are usually willing to try new foods, so this is a good time to introduce a wide variety of foods with different flavours and textures. Wherever possible, offer them the same food as you are giving the rest of the family.

The easiest way to do this is by giving them a small portion of whatever you are eating. It's cheaper, you will know what has gone into it (especially important if, for example, your family only eats halal meat) and it will help your baby get used to eating like the rest of the family.

Preparing larger quantities than you need and freezing small portions for later can also save time and effort.

Your baby's diet should include foods from each of the following food groups:

- dairy and alternatives;
- potatoes, bread, rice, pasta and other starchy carbohydrates;
- fruit and vegetables;
- beans, pulses, fish, eggs, meat and other proteins;
- oils and spreads.

Red meat (beef, lamb and pork) is an excellent source of iron. (For further information, see page 58.)

Sources of vitamin A

- Oily fish
- Eggs
- Dairy products
- Margarines
- Carrots and dark green vegetables (such as spinach, cabbage and broccoli)



Sources of vitamin C

- Oranges and orange juice
- Kiwi fruit, blackcurrants, mangoes, nectarines and strawberries
- Red and green peppers, cabbage, tomatoes and broccoli

Sources of vitamin D

- Safe exposure to summer sunshine
- Margarines
- Fortified breakfast cereals
- Oily fish like salmon, sardines, herring, mackerel and fresh tuna

Find out more about vitamin drops or supplements on page 55.



It's better for babies and young children under two to have full-fat milk, yogurt and cheese rather than low-fat kinds of milk, yogurt, fromage frais, cheese or spreads.

Shark, marlin and swordfish.

These contain large amounts of mercury. You should also limit the amount of tuna your child eats - no more than two portions per week (see page 58).

Raw shellfish. Raw shellfish can increase the risk of food poisoning so it's best not to give this to babies.

Mould-ripened soft cheeses and unpasteurised cheese.

Babies and young children shouldn't eat mould-ripened soft cheeses or unpasteurised cheeses, such as Brie or Camembert, or ripened goat's milk cheese and soft blue veined cheese such as Roquefort, as there is a higher risk that these cheeses might carry a bacteria called listeria.



Food allergies

Babies are more likely to develop allergies where there is a history of atopy (eczema, asthma, hayfever or food allergies) in the family. If this applies to you, it is strongly recommended that you breastfeed exclusively for the first six months. If you are not breastfeeding, ask your midwife, health visitor or GP for advice about what kind of formula to give your baby. Soya-based infant formulas should only be used on the advice of a GP or health visitor/family nurse. Follow-on formula should not be given to babies under six months.

For more information on food allergies (including peanut allergies), see page 66.

Some meal ideas to try

Breakfast

- Porridge or unsweetened cereal mixed with whole cows' milk or your baby's usual milk with mashed ripe pear.
- Wholewheat biscuit cereal with milk and stewed fruit.
- Mashed banana and toast fingers.
- Boiled egg and toast fingers with slices of ripe peach.
- Stewed apple, yogurt and unsweetened breakfast cereal.

Lunch

- Cauliflower cheese with cooked pasta pieces.
- Mashed pasta with broccoli and cheese.
- Baked beans (reduced salt and sugar) with toast.
- Scrambled egg with toast, chapatti or pitta bread.
- Cottage cheese dip with pitta bread and cucumber and carrot sticks.
- Small pieces of soft ripe peeled pear or peach.
- Stewed fruit and custard.
- Plain fromage frais with stewed apple.

Dinner

- Cooked sweet potato with mashed chickpeas and cauliflower with a white sauce.
- Shepherd's pie with green vegetables.
- Rice and mashed peas with courgette sticks.
- Mashed cooked lentils with rice.
- Minced chicken and vegetable casserole with mashed potato.
- Mashed canned salmon with couscous and peas.
- Fish poached in milk with potato, broccoli and carrot.



You can continue to breastfeed or you can give your baby between 500 and 600ml (about a pint) of infant formula a day until they are at least a year old. Breastfeeding will continue to benefit you and your baby for as long as you choose to carry on. To help prevent tooth decay, it's best to avoid sugary or sweetened drinks especially between meals.

Beakers and cups

It's a good idea to introduce a cup rather than a bottle from about six months onwards. By the time your baby is one they should have stopped using bottles with teats, otherwise they may find it hard to break the habit of comfort sucking on a bottle. Using an open cup or a lidded free-flow cup (ie non-spill ones) without a valve will also help your baby learn to sip rather than suck, which is better for their teeth. Comfort sucking on sweetened drinks is the major cause of painful tooth decay in young children. So if you use a bottle or trainer cup, it's best not to put anything in it other than water, breastmilk or formula.

Choosing a beaker or cup

It's important to choose the right kind of beaker or cup. A free-flow lidded beaker is better than a bottle or beaker with a teat. Drinks flow very slowly through a teat, which means that children spend a lot of time with the teat in their mouth. This can delay speech development and damage teeth (especially if they are drinking a sweetened drink). As soon as your child is ready, encourage them to move on from a lidded beaker to drinking from an open cup. Valved non-spill cups are not recommended as they encourage longer drinking times.



Nine months and over

From about nine months onwards, you can offer your baby:

- three to four servings of starchy food, such as potato, bread, pasta, cereals and rice, each day;
- three to four servings of fruit and vegetables each day (the vitamin C in fruit and vegetables will help your baby absorb iron, so it's good to include them at mealtimes); and
- two servings of beans, pulses (such as peas or lentils), fish, eggs or meat each day.

If you have decided not to give your baby meat or fish, they will need two servings a day of protein-rich foods, like pulses (dhal, split peas or hummus), tofu, textured vegetable protein (TVP) or eggs.

By now, your baby can fit in with the family by eating three mashed or chopped meals a day as well as milk. Your baby may also like healthy snacks such as fruit or toast in between meals.

If your baby is on the move, they may want more food. Babies have small tummies and they need energy and vitamins for growth, so make sure you give them full-fat dairy products such as yogurt, fromage frais and cheese. Cutting back on fat is sensible for adults, but not for babies.

Healthy Start vouchers

If you have children under four or are pregnant and on certain benefits you may qualify for Healthy Start.

Healthy Start vouchers can be spent on plain (with no added ingredients) cow's milk – whole, semi-skimmed or skimmed; plain fresh or frozen fruit and vegetables (whole or chopped, packaged or loose); and infant formula milk that says it can be used from birth and is based on cow's milk. A request for vouchers should be made to:

Freepost RRTR-SYAE-JKCR
Healthy Start Issuing Unit
PO Box 1067
Warrington
WA55 1EG
Telephone 0845 607 6823

Healthy Start vitamins

Women and children getting Healthy Start food vouchers also get coupons to use to claim free Healthy Start vitamins.

If you are entitled to Healthy Start the vitamin coupons will

be sent to you automatically. Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children.

Your midwife or health visitor will be able to tell you why vitamins are important.

To claim Healthy Start vitamins, you should post the Healthy Start letter you receive with the vitamin coupon still attached to:

Business Services
Organisation
Healthy Start Vitamin Scheme
Pinewood Villa
73 Loughgall Road
Armagh
BT61 7PR
Telephone 028 3741 2744

The Healthy Start vitamins will be posted directly to your home. This postal arrangement applies to only those living in Northern Ireland.

To find out more visit
www.healthystart.nhs.uk or
www.health-ni.gov.uk

Vitamins

From one to five years all children should be given vitamin A, C and D supplements. Some babies will need to be given vitamin D supplements from birth, see page 56 for more information. It's especially important to give vitamin drops to children who are fussy about what they eat, children living in northern areas of the UK and those of Asian, African and Middle Eastern origin.

Vitamin drops may contain peanut oil – always check the bottle.

Too much of some vitamins is as harmful as not enough. So always talk to your health visitor, pharmacist or GP before starting any supplements. Your health visitor can give you advice on vitamin drops and tell you where to get them. You will be able to get vitamin drops free if you qualify for Healthy Start (see left).

Vegetarian and vegan diets

The advice on introducing solid food to babies who are on a vegetarian or vegan diet is exactly the same as for babies on any other diet. See page 60 for advice on ensuring your vegetarian or vegan toddler or child is getting the nutrients they need for healthy growth and development.



Feeding your young child

By the time your child is starting to stand up and take their first steps, they should already be involved in the family meals. As they get more active and use more energy, they will need a varied, energy-rich diet for good health and growth. Babies and children under two have small tummies and cannot eat large amounts of food all in one go, so they need small meals with healthy snacks in between.

Like the rest of the family, your toddler needs to eat a variety of foods from the five groups:

- dairy and alternatives;
- potatoes, bread, rice, pasta and other starchy carbohydrates;
- fruit and vegetables;
- beans, pulses, fish, eggs, meat and other proteins;
- oils and spreads.

Babies and children (and adults) do not need foods high in fat and sugar such as cakes, biscuits, chocolate and sweets in their diet. If included, they should be offered infrequently, in small amounts and ideally at the end of a meal, which helps reduce the risk of tooth decay.

Dairy and alternatives

Young children still need milk. Whole milk and full-fat dairy

Vitamin D

Vitamin D only occurs naturally in a few foods such as oily fish. It is mainly made by the skin when it is exposed to gentle sunlight between April and September. Encourage your children to play outside, but remember that children burn easily, especially those with fair skin. Children should not be out for too long in the sun in hot weather and never let their skin turn red or burn (see page 158 for advice about safety in the sun).

Everyone aged five years and over, including pregnant and breastfeeding women, should consider taking a 10 microgram vitamin D supplement daily. During summer months, most people will usually get enough vitamin D from sunlight so you may choose not to take a supplement over the summer months (late March/April to the end of September).

products are a good source of vitamin A, which helps the body to resist infections and is needed for healthy skin and eyes.

After the age of one, children need less milk than they do as babies. If you are breastfeeding you can just carry on and your baby will naturally reduce the amount they take as they increase the amount of food they eat. Give smaller drinks of whole cow's milk in cups or beakers, not bottles (see

page 54 for more information about choosing the right cup or beaker).

At this age, you can replace formula or follow-on with whole cows' milk or if you are breastfeeding you can just carry on. About three servings per day of milk, either as a drink or in the form of milk-based dishes, cheese, yogurt or fromage frais, will provide the calcium your child needs to develop strong bones and teeth.



You should use whole milk and full-fat dairy products until your child is two. Children under two need the extra fat and vitamins in full-fat dairy products. Semi-skimmed milk can be introduced from two years of age, provided your child is a good eater and growing well. Skimmed milk doesn't contain enough fat so is not recommended for children under five.

Some ideas to try

Milk

- Porridge, hot oat cereal or cornmeal made with whole milk.
- Breakfast cereals with milk.
- Rice pudding, custard or bread-and-butter pudding.

Cheese

- Macaroni cheese, cheese on toast, cheese on vegetables and bakes.
- Vegetable soup with cheese and crackers.
- Chunks of cheese and pieces of fruit.
- Cream cheese dips.

Yogurt and fromage frais

- Add raw or cooked fruit (fresh, frozen or canned) to full-fat yogurt or fromage frais.
- Add yogurt to curry.



Potatoes, bread, rice, pasta and other starchy carbohydrates

Starchy foods provide energy, nutrients and some fibre. Whether it's bread or breakfast cereals, potatoes or yams, rice or couscous, pasta or chapattis, most children don't need much encouragement to eat foods from this group. Serve them at all meals and as some snacks. Let your child try lots of different varieties of starchy foods. For more information on fibre, see 'Eating as a family' on page 63.



Fruit and vegetables

Fruit and vegetables contain lots of vitamins, minerals and

fibre and they liven up meals with a variety of colours, textures and flavours.

It's good to try to introduce lots of different types from an early age, whether fresh, frozen, canned or dried.

Try to make sure fruit and vegetables are included in every meal. If possible, give a mix of green vegetables (like broccoli and cabbage) and yellow or orange vegetables (like swede, carrots and squash) and fruit (like apricots, mangoes and peaches). Orange fruit and vegetables contain beta-carotene, the plant form of vitamin A. Also try to include some citrus fruits (like satsumas or oranges) and some salad (such as peppers and tomatoes) for vitamin C, which may help the absorption of iron from other foods.

Fruit and vegetables contain lots of different vitamins and minerals, the greater the variety your toddler eats the better, but don't worry if they will only eat one or two.



Some ideas to try

Snacks

- Fruit and vegetable sticks or pieces.
- Breakfast cereals (not sugar-coated).
- Plain popcorn (not sweetened or salted) or breadsticks.
- Toast, bagels, bread rolls or potato bread.
- Fingers of toasted brown bread covered with cheese spread.

More substantial meals

- Baked potatoes with baked beans and cheese.
- Pasta with vegetable, meat, fish or cheese sauces.
- Pitta bread filled with cream cheese, ham or fish.

- Couscous mixed with peas and flaked fish or cooked minced meat.
- Noodles or rice mixed with shredded omelette and vegetables.
- Chapattis with dhal.

You can try giving your child wholegrain foods, like wholemeal bread, pasta and brown rice as well. It's best to introduce these gradually, so that by the time children are five they are used to a healthy adult diet.

It's not a good idea to give wholegrain foods only, because they can fill your child up before they have taken in the calories they need. Don't add bran to cereals or use bran-enriched cereals as they can interfere with your child's ability to absorb iron.

Lots of children don't like cooked vegetables but will nibble on raw vegetables – like sticks of carrot or peppers – while you are preparing a meal. Your child might be more likely to eat vegetables if they are given in different ways – for example on the top of a pizza or puréed in a sauce. If your child flatly refuses to eat vegetables, keep trying but offer them



plenty of fruit too and try not to make a big fuss if they refuse. It can help if you show them that you like eating vegetables. Give vitamin drops as a safeguard (see page 55 for more about vitamins).

Beans, pulses, fish, eggs, meat and other proteins

Young children need protein and iron to grow and develop. Beans, pulses, fish, eggs, meat and other proteins and foods made from pulses (like tofu, hummus and soya mince) are excellent sources of protein and iron. Try to give your toddler one or two portions from this group each day.

You can give boys up to four portions of oily fish (such as mackerel, salmon and sardines) a week, but it's best to give girls no more than two portions a week. This is because the low levels of pollutants that oily fish contain can build up in the body and may harm an unborn baby during a future pregnancy.





Meat and fish also contain zinc, which is important for healing wounds and making many of the body's processes function properly. Zinc can be in short supply in toddlers' diets.

Some ideas to try

Tasty snacks

- Mashed banana on fingers of toast.
- Pitta pockets filled with canned salmon and salad.
- Scrambled egg on toast with tomato slices.

More substantial meals

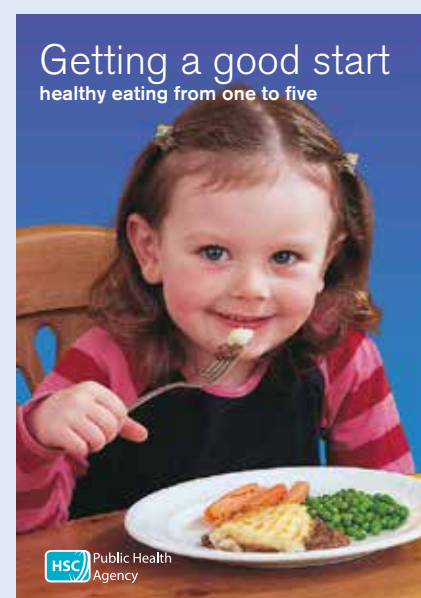
- Beans, lentils and peas made into delicious soups or stews.
- Chickpea curry with vegetables and chapattis.
- Grilled fish fingers with potatoes and peas.
- Stir-fried chicken and vegetables with rice.

- Grilled sausages with baked beans (reduced salt and sugar) and mashed potato.
- Spaghetti bolognese made with lean mince and served with vegetables.
- Ham with baked potato and broccoli.
- Fish curry with vegetables and rice.

Oils and spreads

Getting enough healthy fats is essential for growth and

development. Young children in particular need enough of them in their diet to help the brain and nervous system develop normally. The best ones to use are unsaturated oils and spreads such as rapeseed, olive or sunflower oil.



You can find out more from the Public Health Agency booklet *Getting a good start* visit pha.site/getting-good-start-one-to-five



Vegetarian and vegan diets

If you are bringing up your child on a diet without meat (vegetarian) or without any food from an animal (vegan), they will need two or three portions of vegetable protein or nuts every day to ensure they are getting enough protein and iron. Don't give whole nuts to children under five, as they could choke. Grind nuts finely or use a smooth nut butter. See pages 35 and 66 for important information about peanut allergy.

The advice on introducing your child to solids (see page 46) is the same for vegetarian babies as for non-vegetarians. However, as your child gets older, there is a risk that their diet may be low in iron and energy and too high in fibre. You can help to make sure that all your child's nutritional needs are met by giving them smaller and more frequent main meals, with one or two snacks in between.

You will also need to make sure they are getting enough calcium, vitamin B12 and vitamin D. Vitamin drops are



especially important up to five years of age.

If you are breastfeeding and you are on a vegan diet, it's especially important that you take a vitamin D supplement. You may also need extra vitamin B12.

Take care when feeding children on a vegan diet. Young children need a good variety of foods to provide the energy and vitamins they require for growth.

A vegan diet can be bulky and high in fibre and this can mean that children get full before they

have taken in enough calories. Because of this, children being weaned onto a vegan diet will require supplements of vitamin B12 and riboflavin. It's a good idea to ask a dietitian or doctor for advice before starting your child on solids.

For more information on vegetarian diets, contact The Vegetarian Society (www.vegsoc.org).

For more information on vegan diets, contact The Vegan Society, at www.vegansociety.com

A healthy vegan diet

Energy. Young vegan children need high-calorie foods such as tofu and smooth nut and seed butters (such as tahini and cashew or peanut butter). See pages 35 and 66 for information about peanut allergy.



They still need starchy foods but it's best if these are eaten in moderation. For extra energy, you could add vegetable oils or vegan fat spreads to foods.

Protein. Pulses and food made from pulses are a good source of protein. Breastfeeding until your child is two or more, or giving them soya-based formula milk, will also help to ensure they are getting enough protein.

Always ask your GP for advice before using soya-based formula. Nut and seed butters also contain protein (but always use smooth versions for babies and children up to five).

Iron. See page 58.

Calcium. Fortified unsweetened milk alternatives such as soya, oat or almond milks are rich in calcium, low in saturated fat and cholesterol-free. Some foods are also fortified with calcium, so always check the label.

Vitamin B12. Fortified breakfast cereals and some yeast extracts contain vitamin B12, however

the main sources of B12 come from animal sources, so it is recommended that children take a supplement.

Vitamin D. See page 56.

Omega 3 fatty acids. Some omega 3 fatty acids are found in certain vegetable oils, such as linseed, flaxseed, walnut and rapeseed. Evidence suggests that these fatty acids may not offer the same protection against coronary heart disease as those found in oily fish.

Fat, sugar and salt

Fat

Young children, especially under-twos, need the concentrated energy provided by fat. There are also some vitamins that are only found in fats. That is why foods such as whole milk, yogurt, cheese and oily fish are so important. From the age of two, you can gradually introduce lower-fat dairy products and cut down on fat in other foods so that by the time your child is five they are eating a healthy low-fat diet like the one recommended for adults.



There are some foods that will increase the levels of saturated fat in your child's diet. This is 'bad' fat and there can be a lot of it in high-fat fast foods, such as cheap burgers. Crisps, chips, biscuits, cakes and fried foods are also high in fat. Although they tend to be popular with both children and adults, it's best to limit them at all ages to keep your family healthy. It can help to think of these sorts of foods as 'extras' once your child has eaten well from the four other main groups.

Because fat is such a concentrated source of energy, it's easy to eat too much of it and become overweight. Keep an eye on the amount of fat in the food your family eats, and try to keep it to a minimum.

The following tips will help you reduce the amount of fat in your family meals:

- grill or bake foods instead of frying;
- skim the fat off meat dishes like mince or curry during cooking;





- buy leaner cuts of meat and lower-fat meat products, such as sausages and burgers with low-fat labels;
- take the skin off poultry before cooking – it's the fattiest part;
- reduce the amount of meat you put in stews and casseroles, and make up the difference with lentils, split peas or beans;
- for children over two, use lower-fat dairy products like semi-skimmed milk, low-fat spreads and reduced-fat cheeses;
- use as little cooking oil as possible and choose one that is high in omega 3 polyunsaturates such as rapeseed or olive oil. In the UK, pure vegetable oil is often rapeseed oil.

This is the sugar found in fizzy drinks, juice drinks, sweets, chocolate, cakes and jam. It's best to stick to giving these kinds of foods and drinks to your child only at mealtimes and give them only occasionally.

It's also important to discourage your child from sipping sugary drinks or sucking sweets too often. This is because the more often your child's teeth are exposed to sugar, the more damage it can do.

Salt

There is no need to add salt to your child's food. Most foods already contain enough. Too much salt can give your child a taste for salty foods and contribute to high blood pressure in later life.

Your whole family will benefit if you gradually reduce the amount of salt in your cooking. As well as keeping salt off the table, you can also limit the amount of salty foods (such as crisps and savoury snacks) that your child has.

Salt: know your limits

Babies up to one year should have no more than 1g of salt a day. For children aged one to three, the maximum amount is 2g of salt a day, and for children aged four to six, the maximum is 3g of salt a day. Find out more about salt, its effects on health, daily limits and how to cut down at pha.site/salt

Helpful tips

- Try not to give too many sweet-tasting foods and drinks, even if they contain artificial sweeteners rather than sugar. These can still encourage a sweet tooth.
- Try not to give your child sweet foods and drinks every day. You will help to prevent tooth decay if you only give them at mealtimes.

Sugar

To help keep your child's teeth healthy, as well as brushing their teeth twice a day and visiting the dentist every six months, you should cut down your child's added sugar intake.



- Try not to use sweets as a reward.
- Fruit and vegetables contain sugar, but in a form that doesn't damage teeth. However, the sugar in dried fruit and fruit juice can cause decay if eaten too often. You should only give your child fruit juice and dried fruit at mealtimes.
- Encourage your children to choose breakfast cereals that are not sugar-coated.
- Always read the labels. Sucrose, glucose, honey, dextrose, maltose syrup and concentrated fruit juice are all forms of sugar.
- Don't add sugar to milk.
- If you flavour milk with milkshake flavourings, only offer it at mealtimes.
- Jaggery can cause the same damage to teeth as sugar. Limit foods containing this, like Indian sweetmeats.

Eating as a family

Try to eat together and sit at the table. Try to involve your child in preparing food and serving it when it is safe to do so. Allow your child to help with laying and clearing the table. Encourage the child to try all the foods offered. For adults and children over five, a healthy, balanced diet usually means eating foods from the four main food groups.



The Eatwell Guide phs.site/eatwell-guide shows how much of the various different types of food you need to eat for a well-balanced, healthy diet. Children under the age of five need a diet that is higher in fat and lower in fibre than this.

Include fresh, frozen and canned fruit and vegetables, salads, dried fruit and fruit juices. Include them at each meal and as snacks. Try to eat at least five servings a day.

Include bread, potatoes, breakfast cereals, pasta, rice, oats, noodles, maize, millet, yams, cornmeal and sweet potatoes. Make these foods the main part of every meal. Choose wholegrain varieties when you can, but young children should not eat wholegrain foods all the time. You should avoid giving your baby high-fibre versions of foods, especially those with

added bran. It stops young children absorbing important minerals such as calcium and iron. It is better not to give young children brown rice, wholemeal pasta or bran-enriched breakfast cereals until they are older, although giving them some brown bread is OK.

Include milk, yogurt and fromage frais. Children need about three servings a day. From the age of two, you can gradually introduce lower-fat dairy products and cut down on fat in other foods, so that by the time your child is five they are eating a healthy low-fat diet like the one recommended for adults.

Include meat, fish, poultry, eggs, beans, pulses and nuts. Make sure children have one or two servings a day. Choose lean meat, take the skin off poultry and cook using the minimum of fat. Try to eat oily fish at least once a week.

How much food do toddlers need?

Children's appetites vary enormously, so common sense is your best guide when it comes to portion size. Be guided by what your child wants – don't force them to eat if they don't want to, but don't refuse to give them more if they really are hungry. As long as your child eats a range of foods, and your health visitor is happy with their progress, try not to worry too much about the amount they are eating.

Cutlery, chopsticks or fingers?

Mealtimes can get messy! It will take time for your child to learn how to behave when eating. The best way that they can learn is by copying you and the rest of your family. That is why it's good to try to eat and enjoy your food together. Remember to turn off the TV, phones, computers and laptops and enjoy each other's company. Some families prefer to eat with their fingers, while others use cutlery or chopsticks. Whichever option you go for, be patient.

By about one year of age, babies should be trying to feed themselves. Some are very independent and want no help – so be patient, even if most of the food misses their mouths! Others will accept your help, but will still want to hold a spoon

themselves while being fed. Whichever group your child falls into, you can encourage them to feed themselves either with a spoon or by giving them finger foods (see page 50).



Safety

- Make sure there are no sharp knives on the table within your child's reach.
- Unbreakable plates or bowls are ideal for small children, who often decide their meal is finished when their plate hits the floor.

- When your child no longer needs their high chair, make sure they are sitting at the right height for the table, otherwise they will find it difficult to eat.
- Use cushions, booster seats or even sit them on your own or someone else's lap, but always make sure they are sitting safely.

Drinks

Not all drinks are suitable for babies and young children. The following list explains what you should give to your child, and when.

Breastmilk is the ideal drink for babies. It should be given exclusively for the first six months and then continue with



demand breastfeeding as solid food is introduced. Your child will naturally reduce the amount of breastmilk taken as more food is eaten.

Infant formula is the only alternative to breastmilk in the first 12 months of your baby's life. It can be used up to the time when ordinary cows' milk can be introduced (at one year old) or beyond. Follow-on milks are available for babies over six months, but there is no need to change over to these. See page 41 for more information about these and other types of formula.

Goats' and sheep's milk drinks are not suitable as drinks for babies under one year old, as they don't contain the iron and other nutrients babies need. Providing they are pasteurised, they can be used once your baby is a year old.

Whole cows' milk doesn't contain enough iron and other nutrients to meet babies' needs so it should not be given as a drink to babies under one year old. But it's OK to use cows' milk when cooking and preparing food for your baby from six months. Semi-skimmed milk can be introduced once your child is two, provided they are a good eater and have a varied diet. Skimmed milk is not suitable for children under five. For convenience, lower-fat milks can be used in cooking from the age of one.

Unsweetened calcium-fortified milk alternatives

such as **soya drinks** and other milk alternatives like **almond and oat drinks** can be given from the age of one as part of a healthy balanced diet. For more information see pha.site/childrens-drinks

While breastfeeding is encouraged into the second year and beyond, for bottlefed babies it is recommended that after one year all drinks should be given from a cup and a feeding bottle should no longer be used.

Rice drinks

Young children (aged one to five years) should not be given rice drinks, in order to minimise their exposure to inorganic arsenic. Don't worry if you have given your child rice drinks – there is no immediate risk of harmful effects. But in order to reduce further exposure to inorganic arsenic, you should stop giving your child rice drinks.

'Good night' milk drinks are not suitable for babies under six months. After this age, you can start using them, but you don't have to change over as there are no proven health benefits.

Water is the best alternative drink to milk, but fully breastfed babies don't need any water until they start eating solid food. For babies under six months old, take



water from the mains tap in the kitchen and boil it. Remember to allow the water to cool before giving it to your baby.

Bottled water is not a healthier choice than tap water and usually is not sterile. In fact, some natural mineral waters are not suitable for babies because of the amount of minerals they contain. If you need to use bottled water, remember that any bottled water that is labelled 'natural mineral water' might contain too much sodium for babies.

Citrus fruit juices, such as orange juice or grapefruit juice, are a good source of vitamin C, but also contain natural sugars and acids that can cause tooth decay. Babies under six months should not drink fruit juices. Vitamin C may help with iron absorption, so if your baby is a vegetarian you may be advised to give them diluted fruit juice (one part juice to 10 parts boiled, cooled water) with their meals after six months. To prevent tooth decay, give well-diluted fruit juice at mealtimes only.



Non-cows' milk formula

Only use soya-based infant formulas on the advice of your GP. Babies who are allergic to cows' milk may also be allergic to soya. Goats' milk, even if it has been specially formulated for babies, should not be given to babies under one year.

Squashes, flavoured milk and juice drinks

contain sugar and can cause tooth decay even when diluted. They are not suitable for young babies. For older babies and toddlers, these drinks can lead to poor appetite, limited weight gain and, in toddlers, loose stools. Even those with artificial sweeteners can encourage children to develop a sweet tooth. If you want to use squashes, flavoured milk and juice drinks, keep them for mealtimes, make sure they are diluted well and always give them in a feeder cup rather than a bottle. These drinks should never be given as a bedtime drink as this can be particularly bad for tooth decay. You should also try to keep drinking times short.

Fizzy drinks are acidic and can damage tooth enamel, so they should not be given to babies and toddlers.

Diet drinks and 'no added sugar' drinks, whether squashes or fizzy drinks, are not intended for babies, toddlers or young children. This is in line with advice from the British Dental Association.

Baby and herbal drinks contain sugars and are not recommended.

Tea and coffee are not suitable for babies or young children. They reduce iron absorption when taken with meals and, if sugar is added, may contribute to tooth decay.

See page 54 for information on choosing the right cup or beaker for your baby or toddler.

Food additives

Food contains additives for a variety of reasons: to prevent food poisoning, to stop it going off and to provide colour, flavour or texture. Some food additives

are natural substances, others are synthetic. Any additives put into food must, by law, be shown on the label. An 'E' number means that the additive has been tested and passed as safe for use in European Union (EU) countries. Numbers without an 'E' in front are allowed in the UK, but not in all EU countries.

	100ml	250ml	%GDA*
Energy	199kJ	500kJ	6%
	47kcal	120kcal	
Protein	0.5g	1.3g	
Carbohydrate	10.5g	26.3g	29%
Fat	10.5g	26.3g	
Sugars	trace	trace	
Fibre	trace	trace	
Salt	trace	trace	

Food allergies

Some children experience unpleasant reactions after eating certain foods. Most children grow out of this, but in a very few cases foods can cause a very severe reaction (anaphylaxis) that can be life-threatening.





The foods most likely to cause a problem for young children are peanuts, nuts, seeds, milk, eggs, wheat, fish, shellfish or food containing these ingredients.

If you choose to start giving your baby solid foods before six months (after talking to your health visitor or GP), don't give them any of the foods above until after six months of age. This is because these foods can sometimes trigger development of a food allergy.

When you give these foods to your baby for the first time, it's a good idea to start with one at a time, so that you can spot any allergic reaction. If you think your child is having an allergic reaction, you should seek urgent medical attention. Common symptoms of an allergic reaction include one or more of the following: coughing; dry, itchy throat and tongue; itchy skin or rash; diarrhoea and/or vomiting; wheezing and shortness of breath; swelling of the lips and throat; runny or blocked nose; sore, red and itchy eyes.

You may have heard that previous advice was to avoid giving your child peanuts before the age of three years – this advice has now changed, based

on the latest research, and you only need to avoid giving peanuts before six months of age.

If your child already has a known allergy, such as a diagnosed eczema or a diagnosed food allergy, or if there is a history of allergy in your child's immediate family (if parents, brothers or sisters have an allergy such as asthma, eczema, hayfever, or other types of allergy) then your child has a higher risk of developing peanut allergy (see page 35). In these cases you should talk to your GP, health visitor or medical allergy specialist before you give peanuts or peanut-containing foods to your child for the first time.

Remember not to give whole peanuts or nuts to children under five because of the risk of choking.

If you think your child is having an allergic reaction to a food, you should seek urgent medical attention. Don't be tempted to experiment by cutting out a major food such as milk as this may mean your child is not getting the nutrients they need. Talk to your health visitor or GP, who may refer you to a registered dietitian.

For advice on asthma and allergies, contact Asthma UK's helpline on 0300 222 5800 or go to www.asthma.org.uk, or call the Allergy UK helpline on 01322 619898. Lines are open

from Monday to Friday, 9am to 5pm. The Allergy UK website is at www.allergyuk.org

Coping with allergies

If you think your baby might be allergic to cows' milk, talk to your GP or health visitor. Breastmilk is best for your baby. Do not eliminate food groups from your diet unless advised to do so by a healthcare professional.

If your baby is formula fed, your GP can prescribe a trial of formula called 'extensively hydrolysed protein milk', which will be trialled for two to four weeks and will be followed by reintroduction of the cows' milk containing formula in order to confirm a diagnosis of cows' milk protein allergy. It is important to trial the baby back on cow's milk formula after 4 weeks. Some over-the-counter formulas are labelled as 'hypoallergenic' but they are not suitable for babies with a diagnosed cows' milk protein allergy. Once a diagnosis of cows' milk protein allergy is confirmed, your GP should refer your baby to a paediatric dietitian for ongoing support.

Soya based infant formulas are not recommended in babies under six months of age, or for the treatment of cows' milk protein allergy. You should speak to your health visitor/ GP/dietitian if you intend to introduce soya formula to your baby. A small proportion of babies who are cows' milk

Party time!

Parties are a great time for children to try different types of foods. It's a special occasion, so have some treats as well as some familiar everyday foods. Try the following ideas for healthy but fun party foods:

- make tiny sandwiches and cut them into different shapes. Use fillings that cut easily, like wafer-thin ham, cheddar cheese spreads and egg mayonnaise;



- offer bowls of plain popcorn, breadsticks, raw vegetable sticks and baby tomatoes;
- make reduced-sugar jellies and add canned mandarins or slices of fruit;
- offer one or two ready-diluted fruit juices to drink rather than carbonated drinks;

- fruit scones need very little preparation;
- decorate small plain biscuits with cheese spread and a small piece of fresh or canned fruit to add colour;
- serve ice cream with fresh or canned fruit;
- don't forget the birthday cake for the end of the meal!



protein allergic may also have an intolerance or allergy to soya.

Babies often grow out of a cows' milk allergy after six to nine months of a cows' milk exclusion diet. When your baby reaches nine to twelve months of age, you will be supported by your dietitian to discuss gradually reintroducing cows' milk back into their diet using the 'milk ladder', or aim to switch

to an alternative, calcium and vitamin D-enriched dairy-free milk, eg oat, coconut etc, which may be suitable as a main drink after 12 months of age. A small proportion of babies will not be ready for a milk challenge at nine to twelve months of age. Your dietitian will guide you regarding this. Always ask your dietitian/GP/health visitor for advice before making any changes to your baby's diet.

It is important to introduce your baby to other allergens prior to twelve months of age; these include eggs, peanut and other tree nuts (in the form of nut butter or nut flours), fish, sesame. If your child has a history of eczema, the above advice may differ and you should speak to your dietitian/GP/health visitor about this.

Some common problems with eating

It's perfectly normal for toddlers to refuse to eat or even taste new foods. Children will usually eat enough to keep themselves going, so try not to worry unless your child is not putting on weight as quickly as they should (see page 107) or is obviously ill.

As long as your child eats some food from each of the four food groups – even if it's always the same old favourites – you do not need to worry. Gradually introduce other food choices or go back to the foods your child did not like before and try them again.

Remember, as long as your child is active and gaining weight, they are getting enough to eat, even if it doesn't look like it to you.

Never force a child to eat

The best way for your child to learn to eat and enjoy new foods is to copy you, so try to eat with them as often as you can so that you can set a good example. Children are very quick to pick up on your own feelings about food. Perhaps you are on a diet, or have a weight problem, or are just very keen to eat healthily. Your child may well be picking up on your anxiety and/or using mealtimes as a way to get attention.

These tips can help:

- give your child the same food as the rest of the family, and eat your meals together if possible;
- give small portions and praise your child for eating, even if they only manage a little;
- it can take up to 10-15 tries before your child will accept a new food;
- if your child rejects the food, don't force-feed them. Just take the food away without comment; try to stay calm even if it's very frustrating.



- don't leave meals until your child is too hungry or tired to eat;
- your child may be a slow eater so you may have to be patient;
- don't give too many between-meal snacks; you could limit them to, for example, a milk drink and some fruit slices or a small cracker with a slice of cheese;
- you may find it useful to take the attitude that a food refusal is 'not liked today'; just offer the food again in a different way, as this may be more acceptable;
- it's best not to use food as a reward, otherwise your child will start to think of, say, sweets as nice and vegetables as nasty; instead, reward them with a trip to the park or promise to play a game with them;
- if your child fills up with juice or squash between meals and refuses milk or snacks, try gradually reducing the amount of juice or squash they have, diluting it well with water, and give them a small amount of food - children sometimes get thirst and hunger mixed up and say they are thirsty when they are actually hungry;
- try to make mealtimes enjoyable and not just about eating - sit down and have a chat about other things;
- if you know of any other children of the same age who are good eaters, ask them to tea; a good example can work wonders, as long as you don't talk too much about how good the other children are;
- ask an adult who your child likes to eat with you; sometimes a child will eat for someone else, like a grandparent, without any fuss;
- children's tastes change - one day they will hate something, a month later they will love it.

Frequently asked questions

How do I get a relative to stop giving sweets to my child?

Suggest they give a small book, or other non-edible gift instead. If your child does have sweets, try keeping them to a special 'treat' day, once a week. Remember that the number of times that teeth come into contact with sugar is as important as the amount of sugar. So sweets are best eaten in one go rather than over the course of an hour or two. They will do least damage to teeth if you keep them for mealtimes. For more information about caring for your child's teeth ask your health visitor or dentist.

What snacks can I give instead of biscuits or crisps?

You could try:

- raw vegetable sticks such as cucumber and carrots;
- a plain yogurt with a banana sliced into it;
- a slice of toast with cream cheese, hummus or a slice of chicken;



- some crackers, breadsticks or rice cakes with nut butter;
- a bowl of cereal with milk;
- a piece of fruit.

I have heard that high-fibre foods are not suitable for young children. Why?

Foods that contain a lot of fibre (like wholemeal bread and pasta, brown rice and bran-based breakfast cereals) can fill up small tummies, leaving little room for other foods. This means that your child gets full before they have taken in the calories they need. Bran also prevents important minerals from being absorbed. It's good for your child to try different varieties of starchy foods, but don't use only wholegrain foods before your child is five years old.

What can I pack in a lunchbox for my three-year-old when they go to nursery?

Try to choose two savoury options, some fruit, a sweet option (yogurt, plain fromage frais, scone, pancake or currant bun) and a drink. Good sandwich fillings are canned tuna or salmon, hummus, hard or cream cheese, chicken, turkey or peanut butter (see page 35 for advice on peanut allergy). You could add a few vegetable sticks (carrots, peppers or cucumber) to munch on and a container of



bite-sized fruit – for example a peeled satsuma or washed, chopped up seedless grapes. A box of raisins is fine if eaten at lunchtime. If you include a fromage frais or yogurt, don't forget a spoon. And a piece of kitchen towel is always useful. If the lunchboxes are not refrigerated at nursery, use an insulated box with an ice pack to keep food safe and cool. If you have a leak-proof beaker, you can give milk, water or well-diluted fruit juice.

My child will only drink sugary drinks. What can I do?

Frequent sugary drinks increase the chance of tooth decay. See page 64 for a list of suitable drinks. If your child will only drink sugary drinks, it can take some time to break the habit. Start by diluting them really well with water and offering them in smaller quantities, in a beaker at mealtimes.

Keeping active

Children love using their bodies to crawl, walk, run, jump and climb. The more opportunities you give them to burn off some energy, the happier they will be. You will probably find they sleep better and are more easy going, too. By giving them the chance to exercise, you will be helping their muscle development and general fitness, and laying down habits that will help them grow into fit, healthy adults. Visit phs.site/kids-physical-activity for practical ideas for physically active play.

Here are some ways to keep your child active:

- let your baby lie down and kick their legs;



- babies should be encouraged to be physically active through floor play, tummy time and water play in a safe environment;
- once your baby has started crawling, let them crawl around the floor - you will need to make sure it's safe first;



- children of pre-school age who are capable of walking unaided should be physically active for at least 180 minutes (three hours) spread throughout the day;
- toys that your child can pick up and move around will help improve their coordination and develop the muscles in their arms and hands;
- there may be activities for parents and children at your local leisure centre;



- let your toddler walk with you, rather than always using the buggy;
- toddlers and young children love going to the park where they can climb and swing, or just run around;



- you can take your baby swimming from a very young age - there is no need to wait until they have been immunised.





Teeth

Most babies get their first milk tooth at around six months, usually in front and at the bottom. But all babies are different. Some are born with a tooth already through, while others still have no teeth by the time they are a year old. Most will have all their milk or primary teeth by about two-and-a-half. There are 20 primary teeth in

all, 10 at the top and 10 at the bottom.

The first permanent 'second' teeth come through at the back at around the age of six.

Brushing your child's teeth

As soon as your baby's teeth start to come through, you can start brushing their teeth. Buy a baby toothbrush and use it

with a tiny smear of fluoride toothpaste. Check with your dentist whether the brand you are using has enough fluoride for your baby's needs. Don't worry if you don't manage to brush much at first. It is important to get your baby used to teethbrushing as part of their everyday routine. Let your baby have their own toothbrush too as this can help make it fun. You can help by setting a good example and letting them see you brushing your own teeth.

Gradually start brushing your child's teeth more thoroughly, covering all the surfaces of the teeth. You should do it twice a day – just before bed, and at another

Teething

Some teeth come through with no pain or trouble at all. At other times you may notice that the gum is sore and red where the tooth is coming, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

It can help to give your baby something hard to chew on, such as a teething ring, a crust of bread or breadstick, or a peeled carrot (stay nearby in case of choking). It's best to avoid rusks because almost all brands contain some sugar. Constant chewing and sucking on sugary things can cause tooth decay even if your baby has only one or two teeth. For babies over four months old, you can try rubbing sugar-free teething gel on their gums. You can get this from the pharmacist.

For younger babies, talk to your GP or health visitor. You may also want to give sugar-free baby paracetamol or ibuprofen. Follow the instructions on the bottle for your child's age, or check with

your pharmacist, GP or health visitor. Do not use teething jewellery like necklaces, bracelets and anklets. These products are unsafe.

It can be tempting to put all sorts of things – rashes, crying, bad temper, runny noses, extra-dirty nappies – down to teething. If you are unsure about your child's health, seek advice.

TEETHING





Fluoride

Fluoride is a natural element that can help prevent tooth decay. It occurs naturally in foods, and is also in some water supplies, although the levels are usually too low to be of much benefit.

You can give extra fluoride in the form of drops (for babies) or tablets (for children), but you should not do this if you live in an area where fluoride is naturally present or has already been added to the water. Ask your dentist for advice. Fluoride in toothpaste is very effective. Use a tiny smear for babies and a pea-sized amount for toddlers and children.

time that fits in with your routine. Not all children like having their teeth brushed, so you may have to work at it a bit. But try not to let it turn into a battle. Instead, make it into a game, or brush your own teeth at the same time and then help your child 'finish off'.

The easiest way to brush a baby's teeth is to sit them on your knee with their head resting against your chest. With an older child, stand behind them and tilt their head upwards. Three to six year olds should use a pea-sized amount of toothpaste. Brush the teeth in small circles covering all the surfaces and let your child spit the toothpaste out afterwards. Rinsing with water has been found to reduce the benefit of fluoride. You can also clean your baby's teeth by wrapping a piece of damp gauze with a tiny amount of fluoride toothpaste on it over your finger and rubbing this over their teeth.

You will need to carry on helping your child brush their teeth until you are sure they can do it well enough themselves. You should brush or supervise toothbrushing until they are at least seven.

Taking your child to the dentist

You can take your child to a dentist as soon as they are born, even before they have any

teeth. HSC dental treatment for children is free. Take your child with you when you go to the dentist, so they get used to the idea. If you need to find a dentist, you can ask at your local health centre or contact your local health trust.

Cutting down on sugar

Sugar causes tooth decay. Children who eat sweets every day have nearly twice as much





Happy Smiles

Happy Smiles is a local programme to promote good dental health in children and young people. More information is available at pha.site/happy-smiles

decay as children who eat sweets less often. It's not just the amount of sugar in sweet food and drinks that matters, it's how often the teeth are in contact with the sugar. Sweet drinks in a bottle or feeder cup and lollipops are particularly

bad because they 'bathe' the teeth in sugar for long periods of time. Acidic drinks such as fruit juice and squash can harm teeth too. This is why it's better to give them at mealtimes, not in between.

The following tips will help you reduce the amount of sugar in your child's diet and avoid tooth decay:

- From the time your baby is introduced to solid food, try to encourage them to eat savoury food. Watch for

sugar in pre-prepared baby foods (even the savoury ones), rusks and baby drinks, especially fizzy drinks, squash and syrups.

- Try not to give biscuits or sweets as treats – and ask relatives and friends to do the same. Use things like stickers, badges, hair slides, crayons, small books, notebooks and colouring books, soap and bubble baths. They may be more expensive than sweets, but they last longer too.



- If children are having sweets or chocolate, it's less harmful for their teeth to eat them all at once and at the end of a meal than to eat them little by little and/or between meals.
- At bedtime or during the night, give your baby milk or water rather than baby juices or sugar-sweetened drinks.
- If your child needs medicine, ask your pharmacist or GP if there is a sugar-free option.
- Try to avoid giving drinks containing artificial sweeteners, such as saccharin or aspartame. If you do, dilute them with water (read the labels carefully).



- It's OK to use bottles for expressed breastmilk, infant formula or cooled boiled water but using them for juices or sugary drinks can increase tooth decay. It's best to put these drinks in a cup and keep drinking times short.
- Between six months and one year, you can offer drinks in a lidded non-valved free-flowing cup (see page 54 for more on choosing the right cup or beaker).
- It might help to check your whole family's sugar intake and look for ways of cutting down.

Nutrition Facts	
Serving Size 1 Doughnut (51g)	
Amount Per Serving	
Calories 280	Calories from Fat 140
%Daily Value*	
Total Fat 15g	23%
Saturated Fat 7g	35%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 400mg	17%
Total Carbohydrate 33g	11%
Dietary Fiber 1g	4%
Sugars 16g	
Protein 3g	

Monitoring sugar content

Sucrose, glucose, dextrose, maltose, fructose and hydrolysed starch are all sugars. Invert sugar or syrup, honey, raw sugar, brown sugar, cane sugar, muscovado and concentrated fruit juices are all sugars. Maltodextrin is not a sugar, but can still cause tooth decay.