

Pediatric Nutrition Guidelines for Primary Health Care Providers

If child presents with a red flag, further investigation is recommended. Referral to a registered dietitian (RD) for nutrition assessment and ongoing follow-up may be advised.

Age	Developmental milestones related to feeding	Guidelines	Red flags										
Birth to 6 months Note: Milestones and guidelines for pre-term infants are based on corrected age ¹	Birth to 2 months <ul style="list-style-type: none"> ▪ Demonstrates signs of hunger by increased alertness, increased activity, and mouthing or rooting. Crying is a late indicator of hunger² ▪ Opens mouth wide when nipple touches lips³ ▪ By 2 months, feeds every 2-4 hours during the day⁴ 	<ul style="list-style-type: none"> ▪ Breastfeed exclusively for 6 months^{5,6} ▪ See <i>Infant Formula</i> section on page 6 if infant formula is provided ▪ Feed based on feeding cues² ▪ Avoid additional water unless medically indicated³ ▪ Avoid juice or other liquids³ ▪ Avoid honey, including pasteurized, as it may cause infant botulism⁷ ▪ At 6 months, introduce solid foods^{6,8} ▪ Supplement with vitamin D as indicated in chart: 	<ul style="list-style-type: none"> ▪ After 5 days of age, has < 6 wet diapers each day² ▪ Within the first 2 weeks, loses > 10% of birth weight² ▪ By 2 weeks, does not regain birth weight or does not gain ≥ 20 g per day² ▪ Growth measures plotted at < 3rd or > 85th percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada¹¹ ▪ Not being fed based on feeding cues² ▪ Infant formula not prepared and stored properly. See <i>Infant Formula</i> section page 6 ▪ Cow's milk or homemade formula given⁵ ▪ Water, juice or other liquids given³ ▪ Infant cereal or other pureed foods given < 4 months^{6,12} ▪ Infant cereal or other pureed foods given in a bottle⁵ ▪ Uses a propped bottle^{5,13} ▪ Honey is given⁷ ▪ Breastfed or partially breastfed infant drinking < 1000 mL (32 oz) formula is <u>not</u> receiving a vitamin D supplement⁵ 										
	By 4 months <ul style="list-style-type: none"> ▪ Finishes each feeding within 45 minutes⁴ ▪ Holds head steady when supported in a sitting position⁴ 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If infant drinks</th> <th style="text-align: left;">Amount of vitamin D supplement to give daily</th> </tr> </thead> <tbody> <tr> <td>Only breast milk</td> <td>400 IU</td> </tr> <tr> <td>< 500 mL (16 oz) formula</td> <td>400 IU</td> </tr> <tr> <td>500-1000 mL (16-32 oz) formula</td> <td>200 IU every day OR 400 IU every other day</td> </tr> <tr> <td>> 1000 mL (32 oz) formula</td> <td>No additional vitamin D required</td> </tr> </tbody> </table>		If infant drinks	Amount of vitamin D supplement to give daily	Only breast milk	400 IU	< 500 mL (16 oz) formula	400 IU	500-1000 mL (16-32 oz) formula	200 IU every day OR 400 IU every other day	> 1000 mL (32 oz) formula	No additional vitamin D required
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By 6 months <ul style="list-style-type: none"> ▪ Has increased sucking strength³ ▪ Brings fingers to mouth³ ▪ Sits with support⁴ 													

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<p>6 to 9 months</p> <p>Note: Milestones and guidelines for pre-term infants are based on corrected age¹</p>	<ul style="list-style-type: none"> ▪ At about 6 months, is physiologically and developmentally ready for solid foods⁵ ▪ Sits with minimal support² ▪ Has vertical jaw movement (munching) with suckling motion by the tongue while chewing foods¹⁴ ▪ Has some tongue protrusion when beginning to eat solid foods which decreases with experience¹⁴ ▪ May still have early gag reflex hindering ingestion of solid foods until its locus moves further toward the back of the tongue (usually between 3-7 months of age)² ▪ Indicates desire for food by opening mouth or leaning in, and satiety by closing mouth or turning away². See <i>Parenting and the feeding relationship</i> section on page 7 ▪ Begins to feed self by holding small foods between thumb and fore finger² 	<ul style="list-style-type: none"> ▪ Continue to breastfeed^{2,5} ▪ See <i>Infant Formula</i> section on page 6 if infant formula is given ▪ Feed based on feeding cues² ▪ At 6 months, introduce iron-rich foods (e.g., iron-fortified infant cereal, meat, beans, tofu). Note: meat is a highly bio-available form of iron and zinc⁵ ▪ Begin to introduce a variety of vegetables, fruit, grains and milk products (other than fluid milk) in any sequence¹² ▪ May introduce highly allergenic foods (e.g., whole eggs, milk products, fish, and peanuts) after 6 months regardless of family history of allergy¹² ▪ Introduce each new food for 3-5 days before introducing another new food to help identify potential food allergies² ▪ Offer solid food 2-3 times a day¹⁵ ▪ Breastfeed before offering solid foods to sustain breast milk supply and to ensure breast milk continues to be the major source of energy and nutrients¹⁵ ▪ Breast milk, infant formula, water and 100% fruit juice are the only acceptable beverage options⁵ ▪ If juice is given, limit to 60-125 mL (2-4 oz)³ ▪ Offer a cup regularly¹⁶ ▪ Avoid honey, including pasteurized, as it may cause infant botulism⁷ ▪ Gradually increase texture of foods from pureed to lumpy to small pieces¹⁴ ▪ Give breastfed infants a vitamin D supplement of 400 IU daily until the infant's diet includes ≥ 400 IU per day of vitamin D from other dietary sources. Food sources of vitamin D include: fortified infant formula - 100 IU in 250 mL (1 cup); cow's milk - 100 IU in 250 mL (1 cup); salmon - 103 IU in 30 g (1 oz); egg yolk - 25 IU in one yolk; fortified margarine - 25 IU in 5 mL (1 tsp)¹⁰ 	<ul style="list-style-type: none"> ▪ Growth measures plotted at $< 3^{\text{rd}}$ or $> 85^{\text{th}}$ percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada¹¹ ▪ Has < 6 wet diapers each day² ▪ By 7 months, not eating iron-containing foods daily⁵ ▪ Infant formula not prepared and stored properly. See <i>Infant Formula</i> section page 6 ▪ Cow's milk or homemade formula is given⁵ ▪ Consumes juice frequently throughout the day or drinks > 125 mL (4 oz) juice per day³ ▪ Consumes fruit drinks, pop, coffee, tea, hot chocolate, soy beverage, other vegetarian beverages (e.g., rice or almond beverage) or herbal teas⁵ ▪ Infant cereal or other pureed foods given in a bottle⁵ ▪ Uses a propped bottle⁵ ▪ Honey is given⁷ ▪ Feeding is forced or restricted² ▪ Breastfed or partially breastfed infants drinking < 1000 mL (32 oz) formula is not receiving a vitamin D supplement⁵



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<p>9 to 12 months</p> <p>Note: Milestones and guidelines for pre-term infants are based on corrected age¹</p>	<ul style="list-style-type: none"> ▪ Uses jaw and tongue to bite and mash a variety of textures¹⁷ ▪ Tries to use a spoon³ ▪ May demand to spoon-feed self¹⁷ See <i>Parenting and the feeding relationship</i> section on page 7 ▪ Feeds self by holding small foods between thumb and fore finger² ▪ By 12 months, drinks independently from cup with a spout or straw^{5,14} 	<ul style="list-style-type: none"> ▪ Continue to breastfeed^{2,5} ▪ See <i>Infant Formula</i> section on page 6 if infant formula is given ▪ Feed based on feeding cues² ▪ Offer solid foods 3-4 times per day¹⁵ ▪ Continue to introduce solid foods in any sequence¹⁵ ▪ Gradually increase texture of foods from lumpy to small pieces to encourage acceptance of increased texture¹⁴ ▪ At 9-12 months, preferably 12 months, may introduce whole (3.25%) cow's milk¹⁸. Avoid skim, 1% or 2% milk and soy beverages⁵ ▪ By 12 months, if cow's milk is the primary source of milk, give 500 mL (2 cups) per day plus other food sources of vitamin D² ▪ If juice is given, offer 100% juice and limit to 125-175 mL (4-6 oz) per day² ▪ Offer a cup with breast milk, formula, cow's milk, water or 100% juice¹⁶ ▪ Avoid honey, including pasteurized, as it may cause infant botulism⁷ ▪ Give breastfed infant a vitamin D supplement of 400 IU daily until the infant's diet includes \geq 400 IU per day of vitamin D from other dietary sources or until the infant reaches 1 year. Food sources of vitamin D include: fortified infant formula - 100 IU in 250 mL (1 cup); cow's milk - 100 IU in 250 mL (1 cup); salmon - 103 IU in 30 g (1 oz); egg yolk - 25 IU in one yolk; fortified margarine - 25 IU in 5 mL (1 tsp)¹⁰ 	<ul style="list-style-type: none"> ▪ Has < 6 wet diapers each day² ▪ Growth measures plotted at < 3rd or > 85th percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada¹¹ ▪ By 10 months, lumpy textures not consumed¹⁴ ▪ Infant formula not prepared and stored properly. See <i>Infant Formula</i> section page 6 ▪ Skim milk, low fat milk or soy beverage is given as main milk source⁵ ▪ Consumes juice frequently throughout the day³ ▪ Consumes large amount of fluids² <ul style="list-style-type: none"> - Milk: > 750 mL (3 cups) a day³ - Juice: > 175 mL (6 oz) a day^{2,8} ▪ Consumes fruit drinks, pop, coffee, tea, cola, hot chocolate, soy beverage, other vegetarian beverages (e.g., rice or almond beverage) or herbal teas⁵ ▪ Honey is given⁷ ▪ Feeding is forced or restricted² ▪ Not supervised during feeding⁵ ▪ Breastfed or partially breastfed infant drinking < 1000 mL (32 oz) formula is not receiving a vitamin D supplement⁵



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12 to 24 months Note: Milestones and guidelines for pre-term children are based on corrected age ¹	12 to 18 months <ul style="list-style-type: none"> Growth slows compared with the first year of life resulting in decreased or sporadic appetite². See <i>Parenting and the feeding relationship</i> section on page 7 Unfamiliar foods are often rejected the first time² By 15 months, can self-feed with spoon and firmer table foods² 	<ul style="list-style-type: none"> Continue to breastfeed^{2,5} If not breastfeeding, offer whole (3.25%) cow's milk.^{2,16} Avoid skim, 1% or 2% milk⁵ Offer 500-750 mL (2-3 cups) per day of 3.25% milk or breast milk each day³ Serve 3 small meals and 2-3 snacks a day³. Avoid additional food or beverages except water between planned meals and snacks^{2,3} Offer water when child is thirsty² If juice is provided, offer 100% juice and limit to 125-175 mL (4-6 oz) per day² 	<ul style="list-style-type: none"> Growth measures plotted at < 3rd or > 85th percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada¹¹ Not eating a variety of table foods including iron containing foods daily⁵ Dietary fat intake is restricted⁵ Lumpy or textured foods are refused⁵ Skim milk, low fat milk or soy beverage regularly given⁵ Soy (except formula), rice, other vegetarian beverages or herbal teas are given⁵ Consumes large amount of fluids and very little food² <ul style="list-style-type: none"> Milk: > 750 mL (3 cups) a day³ Juice: > 175 mL (6 oz) a day² Regularly consumes fruit drinks, pop, coffee, tea, cola, hot chocolate, soy beverage, other vegetarian beverages (e.g., rice or almond beverage) or herbal teas^{2,5} Feeding is forced or restricted²
	18 to 24 months <ul style="list-style-type: none"> Able to consume most of the same foods as the rest of the family with some extra preparation for prevention of choking² Fluctuating appetite and playing with food is common². See <i>Parenting and the feeding relationship</i> section on page 7 May refuse all but 4-5 foods, consume only preferred foods and refuse previously accepted foods² 	<ul style="list-style-type: none"> Avoid fruit drinks that are not 100% juice and pop² By 15 months, wean from bottle² Allow child to self-feed² If breast milk is their only milk source, consider offering a vitamin D supplement² Consider offering a vitamin/mineral supplement if child is not growing well, has a specific health condition that requires it, and/or is not eating a variety of foods from each of the food groups² 	



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<p>2 to 6 years</p> <p>Note: Milestones and guidelines for pre-term children are based on corrected age¹</p>	<ul style="list-style-type: none"> ▪ Eats most foods without coughing and choking⁴ ▪ Eats with a utensil with little spilling⁴ ▪ May have periods of disinterest in food². See <i>Parenting and the feeding relationship</i> section on page 7 ▪ May be resistant to new foods² 	<ul style="list-style-type: none"> ▪ May continue to breastfeed⁵ ▪ Follow Canada's Food Guide to meet nutritional needs¹⁹ ▪ Offer 500 mL (2 cups) of milk or fortified soy beverage daily to help meet vitamin D needs¹⁹ ▪ Gradually offer lower fat milks (skim, 1% or 2%) or milk alternatives²⁰ ▪ Serve 3 small meals and 2-3 snacks a day³. Avoid additional food or beverages except water between planned meals and snacks^{2,3} ▪ Offer water when child is thirsty² ▪ If juice is provided, offer 100% juice and limit to 125-175 mL (4-6 oz) per day² ▪ Avoid fruit drinks that are not 100% juice and pop⁵ ▪ Consider offering a vitamin/mineral supplement if child is not growing well, has a specific health condition that requires it, and/or is not eating a variety of foods from each of the food groups² 	<ul style="list-style-type: none"> ▪ Growth measures plotted at < 3rd or > 85th percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada¹¹ ▪ Does not eat a variety of table foods from the 4 food groups¹⁹ ▪ Consumes large amount of fluids and very little food² <ul style="list-style-type: none"> - Milk: > 750 mL (3 cups) a day³ - Juice: > 175 mL (6 oz) a day² ▪ Regularly consumes fruit drinks, pop, coffee, tea, cola, hot chocolate, other vegetarian beverages (e.g., rice or almond beverage) or herbal teas^{2,5} ▪ Feeding is forced or restricted² ▪ 3-5 year old scores "high nutrition risk" on NutriSTEP® nutrition screen. See <i>NutriSTEP®</i> section on page 7



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Additional information

Growth Monitoring

- Use the WHO Growth Charts for Canada when assessing growth¹¹. Available at: www.dietitians.ca/growthcharts
- Serial measures are more useful than unique measures and are ideal for assessing and monitoring growth patterns¹¹
- When seeing an infant or toddler for the first time, weight-for-age, length-for-age or weight-for-length < 3rd percentile are recommended cut-off criteria for underweight, stunting (shortness), and wasting (thinness) that could be used to identify need for investigation/intervention/referral. Weight for length measures > 85th percentile indicate risk of overweight¹¹
- Use Body Mass Index (BMI) when assessing body weight status relative to height in children ≥ 2 years old. Use age and gender-specific growth charts to determine the BMI-for-age percentile. A child's actual BMI value will not correspond to the adult cutoffs or ranges for underweight, healthy weight, overweight and obesity. The percentile will allow for assessment of growth status, < 3rd percentile indicates wasting, while > 85th percentile indicates risk of overweight¹¹

Selecting infant formula

For babies that are partially or exclusively given infant formula, select a formula based on baby's medical and family's cultural/lifestyle needs.

- Cow's milk-based iron-fortified infant formula** - most appropriate breast milk substitute^{5,13}. Iron in infant formula does not cause constipation¹³
- Soy-based formula** - for infants who cannot take cow's milk-based products for health (e.g., galactosemia), cultural, religious or personal reasons (e.g., vegan diet)^{5,13}
- Hypoallergenic formula** - most appropriate if a cow's milk allergy is suspected¹³
- Lactose free formula** - rarely needed and only appropriate with a diagnosis of congenital lactase deficiency¹³

Preparing infant formula

- The use of liquid concentrate and ready-to-feed formulas (sterile products) over powdered formulas (not sterile products) reduces the risk of bacterial contamination for infants considered "at risk"^{13,21}
- Safe water sources include municipal tap water, regularly tested well water or commercial bottled spring or tap water.^{13,22}
- If previously boiled water is needed, bring the water to a rolling boil for 2 minutes²²
- If sanitized equipment is needed, place the clean feeding equipment into a pot of water at a rolling boil for 2 minutes or use a commercial baby bottle sanitizer²²
- Ready-to-feed** - Do not mix with additional water. Sanitize equipment for babies < 4 months of age²²
- Liquid concentrate** - Mix with water (previously boiled water for babies < 4 months of age). Sanitize equipment for babies < 4 months of age²²
- Powdered** - Pour previously boiled water (cooled to no less than 70°C to reduce the risk of bacterial contamination) in bottle and then add powder. Prepare 1 bottle at a time, if possible. Sanitize equipment for babies of any age^{13,21,22}

Bisphenol A (BPA) and bottle feeding

- BPA is a chemical used to make some types of plastic which may be harmful to infants and young children. Use bottles that do not contain BPA²³
- Regulations require new baby bottles manufactured and sold in Canada to be BPA free, however older bottles may still be in use and their use should be discouraged²³

Choking prevention

- Children ≤ 3 years of age are at higher risk of choking. Supervise children when eating and avoid foods that are hard, small and round or smooth and sticky including:^{5,24}

Popcorn	Hard candies/cough drops	Raisins	Peanuts or other nuts
Sunflower seeds	Fish with bones	Raw carrots	Snacks using toothpicks or skewers
Gum	Grapes	Hot dogs	Peanut butter spread thick or on a spoon

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Fish consumption and methylmercury

- Many types of fish are an excellent source of omega-3 fatty acids¹⁹
- Some types of fish and shellfish contain high levels of methylmercury. The predominant health effects in humans are associated with the impaired functions of the central and peripheral nervous systems. For example, elevated methylmercury exposure in a young child can cause a decrease in I.Q., delays in walking and talking, lack of coordination, blindness and seizures²⁵
- Limit consumption of the following high mercury containing fish - fresh/frozen tuna, shark, swordfish, escolar, marlin, orange roughy, and canned albacore (white) tuna as follows:²⁵
 - < 1 year of age - 40 g **per month** of these fresh/frozen types of fish **or** 40 g **per week** of canned albacore tuna
 - 1-4 years of age - 75 g **per month** of these fresh/frozen types of fish **or** 75 g **per week** of canned albacore tuna
 - 5-11 years of age - 125 g **per month** of these fresh/frozen types of fish **or** 150 g **per week** of canned albacore tuna

Parenting and the feeding relationship

A healthy relationship between the parent/caregiver and the baby/child with respect to feeding and responding to hunger and satiety cues is important². Early childhood food experiences and the social environment in which the child is fed are critical to the development of healthy eating habits later in life.²⁶ The following points will be especially effective when counselling parents of picky eaters:

- It is the parent's role to offer a selection of nutritious, age-appropriate foods and decide when and where food is eaten; Parents should trust their child/ren to decide to how much to eat or if to eat at all^{2,5}
- The amount of food eaten will vary day-to-day depending on the child's appetite, activity level and whether they are experiencing a growth spurt, or if they are excited or overly tired¹⁹
- In a non-controlling, non-coercive environment, healthy children have the ability to self-regulate the amount of food and energy consumed²
- Provide structure and routine for meals in a pleasant setting without distractions from television or other activities^{2,19}
- Encourage parents to be patient when introducing unfamiliar foods and to support the acceptance of new foods. If a food is rejected the first few times, it should be offered again on a different day (may require up to 10 times)^{2,19}
- Avoid pressuring children to eat particular foods (e.g., praise, rewards, bribery, punishment) as this is counterproductive in the long-term because it is likely to build resistance and food dislikes rather than acceptance²
- 15-20 minutes is an appropriate length of time for preschoolers to stay at the table²
- Encourage positive mealtime role modeling by eating together as a family whenever possible, with adults eating at least some of the same foods as children²

NutriSTEP® (Nutrition Screening Tool for Every Preschooler)

- A validated Canadian nutrition risk screening questionnaire for parents of preschoolers aged 3-5 years
- Screens preschoolers for food and fluid intake, factors affecting eating behaviour (e.g., does the parent allow the child to decide how much to eat, can the parents afford to buy sufficient food), physical growth (e.g., parent's comfort level with how the child is growing) and physical activity and sedentary behaviour
- Takes parents approximately 5 minutes to complete
- Available in 8 languages: English, French, Simplified Chinese, Traditional Chinese, Punjabi, Vietnamese, Tamil and Spanish
- Available free in Ontario through local health units or with a license through *Flintbox Technologies* at: <http://www.flintbox.com/public/project/2069/>
- A toddler (18-35 months) version of NutriSTEP® will be available in 2012

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