

Baby feeding schedule with solids by age



Before 6 months: milk feeds and readiness cues

For most infants, the period before solids is built around breast milk, infant formula, or a medically advised combination. The Centers for Disease Control and Prevention notes that solid foods may be introduced at about 6 months, but not before 4 months. Starting too early may increase choking risk and can displace the nutrients babies need from milk feeds.

Readiness is developmental, not only chronological. Many babies are ready when they can sit with good head and neck control, show interest in food, open the mouth when food approaches, and move food from the front of the tongue toward the back for swallowing. If a baby was born prematurely, has hypotonia, airway concerns, reflux complications, congenital conditions, poor weight gain, or a history of aspiration, ask the pediatric team how to adjust timing by corrected age and feeding skill.

At this stage, avoid putting cereal or purees in a bottle unless specifically advised by a clinician. A bottle is for milk feeds, and thickened feeds should be medically supervised because they can affect swallowing safety, intake, and digestion.

Around 6 months: first tastes once a day

At the beginning, starting solids once a day is often enough. Choose a calm time when your baby is alert but not extremely hungry. Many families offer a milk feed first, wait a short while, and then offer a small amount of food. This keeps breast milk or infant formula as the nutritional anchor while your baby practices a new skill.

Start with 1 to 2 teaspoons and increase gradually based on interest. Appropriate early foods may include iron-fortified infant cereal, pureed meat, poultry, beans, lentils, cooked vegetables, fruits, yogurt, or other soft single-ingredient foods. Introduce one new food at a time and wait about 3 to 5 days before adding another new food, especially when you want to identify a possible reaction. This is a practical strategy, not a guarantee that every reaction will be obvious.

Iron-rich foods for babies deserve early attention. By about 6 months, iron needs rise, particularly for breastfed infants. Examples include pureed meats, iron-fortified cereals, beans, lentils, and other age-appropriate iron-containing foods. Pairing plant sources of iron with vitamin C-rich foods, such as fruit or vegetables, can support absorption.

7 to 8 months: moving toward two solid-food opportunities

By 7 to 8 months, many babies are ready for one to two solid-food opportunities per day. Some will eat only a few spoonfuls; others will enthusiastically explore more. This variation is normal if growth, hydration, stooling, and developmental progress are appropriate.

Texture can usually advance from thin purees to thicker purees, mashed foods, and very soft lumps. Safe texture progression for infants is important because prolonged use of only very smooth purees may delay practice with oral-motor skills. Offer foods that are soft enough to mash between your fingers. Examples include mashed avocado, well-cooked vegetables, soft fruit, shredded tender meat moistened with broth, scrambled egg in soft pieces, or mashed beans.

Continue milk feeds on demand or according to your baby's usual routine. Solid meals at this age are complementary, meaning they add to milk feeds rather than

replace them completely. If your baby is formula-fed and starts drinking much less formula suddenly, or if a breastfed baby has fewer wet diapers or appears lethargic, contact a healthcare professional.

9 to 11 months: three meals and more self-feeding

Between 9 and 11 months, many babies move toward two to three meals per day, sometimes with small snacks depending on appetite and household rhythm. This is often the stage when finger foods become a larger part of feeding. Babies may develop a pincer grasp, bring food to the mouth more accurately, and show clear preferences.

Offer a variety of foods across the week: vegetables, fruits, grains, proteins, full-fat plain yogurt or cheese when tolerated, legumes, eggs, fish prepared safely, and soft family foods modified for texture and salt content. Avoid honey before 12 months because of the risk of infant botulism. Limit added salt and added sugar, and avoid unpasteurized foods.

Choking prevention for baby-led foods is essential. Babies should sit upright, be supervised continuously, and never eat while crawling, lying down, or riding in a car seat. Avoid round, hard, sticky, or slippery foods unless modified. Whole grapes, hot dog rounds, hard raw vegetables, nuts, popcorn, spoonfuls of nut butter, and chunks of firm meat are common hazards. Foods can often be made safer by cooking until soft, cutting lengthwise into thin strips, spreading nut butter thinly, or serving finely shredded textures.

12 months: family meals with milk as a supporting food

Around 12 months, many babies transition toward three meals per day plus one to two planned snacks. The pattern begins to look more like family eating, though portions remain small and textures still need attention. Breastfeeding may continue as long as parent and child desire. Formula use after the first birthday should be discussed with a pediatric clinician, especially if there are growth, allergy, prematurity, or metabolic concerns.

Some children transition to whole cow's milk after 12 months, but timing and amount should be individualized. Too much cow's milk can reduce appetite for iron-rich foods and may contribute to iron deficiency in some toddlers. A cup

transition near 12 months can help move feeding away from bottle dependence, support oral-motor development, and reduce prolonged milk sipping.

At this age, offer balanced plates without expecting balanced eating at every meal. Toddlers commonly eat heavily at one meal and very little at another. Look at intake over several days, not a single sitting. Responsive feeding during solids means the caregiver decides what, when, and where food is offered, while the child is allowed to decide whether and how much to eat from the foods provided.

13 to 24 months: toddler rhythm and appetite swings

From 13 to 24 months, a typical rhythm is three meals and two snacks, with water available and milk offered in reasonable amounts. Appetite may drop compared with late infancy because growth velocity slows. This can feel alarming, but many toddlers maintain adequate growth while eating unpredictably.

Keep offering varied foods without pressure. Repeated exposure is often needed before a toddler accepts a new food. Serve small portions first; large servings can overwhelm a child and create unnecessary mealtime conflict. Continue to include protein foods, iron-rich foods, fruits, vegetables, grains, and healthy fats. Toddlers need fat for brain development, so very low-fat patterns are not appropriate unless medically directed.

Family meals are useful because children learn by observing. Still, toddler food must be modified for safety. Continue avoiding high-risk choking shapes and textures, and supervise meals closely. If meals routinely last a very long time, your child coughs or gags frequently, pockets food, vomits with textures, refuses most food groups, loses weight, or has fewer wet diapers, ask for a pediatric feeding assessment.

A simple schedule by age

Before 6 months: Breast milk or infant formula only, unless a healthcare professional recommends otherwise. Watch for developmental readiness for solids.
About 6 months: Begin with one small solid-food opportunity daily. Offer iron-rich foods and single-ingredient foods for infants, while continuing normal milk feeds.

7 to 8 months: Offer one to two meals daily. Progress from smooth purees to thicker mashed foods and soft lumps when your baby is ready.

9 to 11 months: Offer two to three meals daily. Add safe finger foods, encourage self-feeding, and continue breast milk or formula.

12 months: Move toward three meals and one to two snacks. Discuss milk transitions, cup use, and formula needs with your child's clinician.

13 to 24 months: Aim for three meals and two snacks, with responsive feeding, ongoing choking prevention, and family foods modified for toddler safety.

Allergens, reactions, and medical caution

Current feeding guidance generally supports introducing common allergenic foods in age-appropriate forms once a baby is ready for solids, rather than delaying them without reason. Common allergenic foods include peanut, egg, milk, wheat, soy, sesame, fish, shellfish, and tree nuts. The form matters: whole nuts are a choking hazard, while smooth peanut butter thinned into puree or spread thinly on soft food may be safer for an infant who is developmentally ready.

Some babies need individualized allergy guidance before introduction, especially those with severe eczema, an existing food allergy, poor growth, complex medical conditions, or a strong clinical concern from the pediatrician. Seek urgent care for signs of a severe allergic reaction such as breathing difficulty, repetitive vomiting, widespread hives, swelling of the lips or tongue, or unusual sleepiness after eating.

For milder symptoms, such as localized rash or digestive discomfort, stop the suspected food and contact your child's healthcare professional for advice. Do not use this schedule to diagnose allergy, reflux disease, swallowing dysfunction, or growth problems; feeding concerns deserve clinical context.