

First foods for baby in the US



When babies are ready to start complementary foods

Federal guidance and American Academy of Pediatrics guidance generally support beginning complementary foods around 6 months. Foods should not be introduced before 4 months unless specifically directed by a qualified healthcare professional. The appropriate timing is based on maturation of oral-motor skills and postural control, not simply on a baby's interest in food or ability to sleep for longer stretches.

Common signs of developmental readiness for solids include sitting upright with minimal support and maintaining good head and neck control. A ready infant can open the mouth when food is offered, bring objects to the mouth, and swallow rather than repeatedly pushing food out with the tongue. The baby should also show interest in food and be able to coordinate reaching, grasping, and bringing objects toward the mouth.

Readiness signs should occur together. A baby who can sit with support but cannot maintain head control may not yet be prepared for spoon- or finger-feeding. Conversely, mouthing objects or watching adults eat does not, by itself, establish readiness. Ask your pediatrician or other qualified clinician for guidance if you are uncertain, especially after premature birth.

or when there are concerns about growth, swallowing, reflux, neuromuscular function, or oral-motor development.

The nutritional priorities for first foods

At the beginning, complementary foods provide practice with flavors, textures, and eating skills as well as additional nutrients. Breast milk or infant formula continues to supply much of the baby's energy and fluid. Solids gradually become more substantial over the following months, but there is no requirement to replace milk feeds immediately.

Pay particular attention to iron-rich complementary foods. Infants' iron requirements increase during the second half of infancy, and iron supports hematologic and neurodevelopmental health. Suitable options include smooth meat or poultry purees, finely minced or shredded tender meat, beans and lentils prepared to a safe texture, iron-fortified infant cereals, and well-cooked eggs. Combining plant-based iron sources with foods containing vitamin C, such as soft fruit or vegetables, can support non-heme iron absorption.

Other useful food groups include vegetables, fruits, whole grains, protein foods, and dairy foods without added sugars. Examples include mashed sweet potato, avocado, banana, soft-cooked broccoli, oatmeal, quinoa, plain whole-milk yogurt, and cottage cheese prepared appropriately for the baby's skills. A varied diet helps expose the infant to different tastes and provides a broader nutrient profile. Avoid pressuring the baby to finish a portion; early intake may be only a small taste, and appetite can vary considerably from day to day.

Choosing safe textures and preparing food

Texture should match the infant's oral-motor abilities and progress gradually. Early foods may be smooth, mashed, or pureed, but babies should not remain on uniformly smooth textures longer than necessary. As skills improve, move toward thicker mashes, soft lumpy foods, finely chopped or shredded foods, and soft finger foods. These transitions support chewing practice even before a baby has many teeth; gums can manage appropriately soft foods.

Examples of safe textures for infant feeding include a thick puree that holds

its shape on a spoon, soft cooked vegetables that can be easily squished between fingers, ripe fruit cut into manageable pieces, and tender meat finely shredded or minced. Food should be moist and soft rather than dry, hard, stringy, or sticky. Remove bones, pits, seeds, tough peels, and gristle. Cook foods thoroughly when appropriate and wash produce and hands before preparation.

Choking prevention requires active supervision. Seat the baby upright in a stable high chair or other appropriate feeding seat, and remain close throughout the meal. Do not feed while the baby is reclining, crawling, walking, riding in a car, or distracted by toys or screens. High-risk foods include whole grapes, raw hard vegetables, nuts, popcorn, chunks of meat or cheese, spoonfuls of nut butter, hard candy, and round or firm pieces of food. Grapes and cherry tomatoes should be quartered lengthwise; nuts should be finely ground, and nut butter should be thinned or spread very thinly in a suitable preparation. Caregivers should learn infant choking first aid and understand that gagging can be noisy, whereas choking may be silent and impair breathing.

Introducing foods one at a time and managing allergy concerns

Many clinicians and the AAP suggest beginning with simple, single-ingredient foods so caregivers can observe tolerance and learn the baby's preferences. There is no medically necessary order for most foods. You might offer a small amount of a soft vegetable, fruit, iron-fortified cereal, meat, egg, or bean preparation, then gradually add other foods. Waiting about 3 to 5 days between unfamiliar single-ingredient foods can make it easier to identify the likely cause of a reaction, although families should follow their clinician's specific advice.

Potentially allergenic foods include peanut, tree nuts, egg, dairy, wheat, soy, sesame, fish, and shellfish. Current guidance generally does not recommend delaying these foods solely to prevent allergy. Once the infant is developmentally ready, offer them in safe, non-choking forms, such as smooth peanut butter thinned with water or puree, well-cooked egg, or plain yogurt. Do not offer whole nuts or thick globs of nut butter. If your baby has severe eczema, an existing food allergy, or another reason for elevated allergy risk, consult the baby's healthcare professional before introducing these foods; supervised introduction or allergy evaluation may be appropriate.

Watch for possible allergic reaction signs, including hives, facial or lip swelling, repeated vomiting, coughing, wheezing, breathing difficulty, pallor, unusual sleepiness, or sudden widespread symptoms. Breathing difficulty, swelling of the tongue or throat, or signs of circulatory compromise are emergencies. Call 911 in the United States. Do not attempt to diagnose the cause or reintroduce a suspected trigger without medical advice.

Foods and drinks to limit or avoid in the first year

Honey should be avoided before 12 months because it can contain spores that cause infant botulism. Do not add juice to the baby's routine before 12 months; whole fruit offers fiber and a more favorable texture and nutrient profile.

Infants do not need sugar-sweetened beverages, desserts, or foods with added sugars, and these can displace more nutrient-dense choices. Avoid unpasteurized milk, juice, or cheese because of pathogen risk.

Cow's milk can be used in foods such as yogurt or cheese when developmentally appropriate, but it should not replace breast milk or infant formula as the main drink before 12 months. Cow's milk as a primary beverage is nutritionally inadequate for young infants and may contribute to excessive protein and mineral intake or iron deficiency. Continue breast milk or iron-fortified infant formula as the main milk source unless your baby's healthcare professional recommends a different plan.

Salt does not need to be added to infant foods. Be cautious with processed foods, which may contain substantial sodium or added sugars. Rice-based products should not be the only grain offered because variety reduces repeated exposure to arsenic from rice. Ask a clinician about any food, supplement, or beverage that may be relevant to your baby's medical history.

Building a responsive feeding routine

Start with a small amount when the baby is alert, calm, and not extremely hungry. A short meal once a day may be enough at first, followed by a gradual increase in frequency as the baby becomes more skilled and interested. Milk feeds generally remain important during this period. Offer a few sips of water from an open cup or suitable training cup with meals when advised by your

healthcare professional; water does not replace breast milk or formula.

Responsive feeding for babies means noticing and respecting hunger and satiety cues. Hunger cues may include reaching for food, opening the mouth, or becoming more attentive when food is presented. Turning away, closing the mouth, losing interest, or pushing food away can indicate fullness. Pause or end the meal when the baby signals that they are done. Avoid force-feeding, using food as a reward, or measuring success by the amount eaten.

Mess is part of sensory and motor learning. Let the baby touch and explore safe foods while maintaining supervision and a predictable routine. New flavors may need repeated, pressure-free exposures before acceptance. Family meals can help model eating, provided the baby's portion is modified for texture and choking safety. If coughing during feeds, persistent gagging, prolonged meals, marked distress, recurrent vomiting, or poor intake occurs, stop and seek professional assessment rather than trying to solve the problem by changing textures independently.