How to start solids step by step

Step 1: Check readiness, not just age

The Centers for Disease Control and Prevention and the American Academy of Pediatrics describe about 6 months as the typical time to introduce solids. Before that point, many babies do not yet have the neuromuscular coordination needed for safe swallowing. Readiness is a developmental profile, not a single sign.

Your baby may be ready when they can sit with good trunk support, hold the head and neck steady, bring objects to the mouth, open the mouth when food approaches, and show curiosity about what others are eating. The tongue-thrust reflex, which pushes food out, should be diminishing. A baby who turns away, slumps, coughs repeatedly with spoonfuls, or cannot maintain head control may need more time or a feeding evaluation.

Do not put cereal or purees in a bottle unless a clinician specifically instructs you for a medical reason. Bottle-thickening can increase choking risk, alter caloric intake, and bypass the oral skills that spoon-feeding helps develop.

Step 2: Choose a calm time and a safe setup

Pick a time when your baby is awake, calm, and not extremely hungry. Many families offer a small amount of breast milk or formula first, then a few tastes of food. This prevents the first meal from becoming frustrating. Use a stable high chair with an upright, supported posture: hips flexed, trunk supported, feet ideally resting on a foot support, and the head aligned with the body.

Use a small infant spoon, a bib, and a washable surface. Offer food from a spoon rather than scraping it onto the roof of the mouth. Let your baby lean forward, open the mouth, and decide whether to accept the bite. Early meals are practice sessions; intake may be only 1 to 2 teaspoons at first.

Keep the atmosphere low pressure. If your baby cries, clamps the mouth shut, gags repeatedly, or turns away, pause and try again another day. Gagging can be part of learning and is different from choking, but persistent distress means the texture, timing, or readiness may not be right.

Step 3: Start with simple, soft foods

There is no single mandatory first food. Good early choices include iron-fortified infant cereal mixed with breast milk or formula, pureed meat, mashed beans or lentils, mashed avocado, pureed vegetables, and soft fruits. The texture should be smooth, moist, and thin enough for easy swallowing at first. You can gradually thicken purees as your baby manages them comfortably.

Iron-rich foods for babies are especially useful early in the solids journey because fetal iron stores begin to decline during the second half of infancy. Options may include pureed meats, iron-fortified infant cereal, beans, lentils, and other developmentally appropriate foods. Pairing plant-based iron sources with vitamin C-rich foods, such as pureed fruit or vegetables, can support iron absorption.

Start with one food once daily. Offer a tiny amount on the spoon and wait for your baby’s response. Over several meals, increase slowly from tastes to a few teaspoons and then to tablespoons as interest grows. Messy exploration, touching food, and spitting out new flavors are normal sensory learning, not failure.

Step 4: Introduce one new food at a time

A practical approach is to offer single-ingredient foods and wait about 3 to 5 days before adding another new food, especially early on. This is not because every food is dangerous; it simply makes it easier to connect a possible reaction with a specific food. Once several foods are tolerated, you can combine them, such as cereal with fruit or mashed vegetables with lentils.

Watch for symptoms such as hives, facial or lip swelling, repetitive vomiting, wheezing, persistent coughing, or sudden lethargy after eating. Mild changes in stool color or texture can happen as the diet expands, but blood in the stool, significant diarrhea, repeated vomiting, or signs of dehydration should prompt medical advice.

Keep a simple feeding note if your baby has eczema, a family history of allergy, gastrointestinal concerns, or if you feel anxious about patterns. Record the food, texture, approximate amount, time eaten, and any reaction. Bring this information to your child’s healthcare professional rather than trying to diagnose food allergy on your own.

Step 5: Add allergenic foods in safe forms

Current pediatric guidance supports introducing potentially allergenic foods when a baby is developmentally ready for solids, rather than delaying them for most infants. Common allergenic foods include peanut, egg, milk products, wheat, soy, sesame, fish, shellfish, and tree nuts. The key is to use safe textures and age-appropriate preparation.

Whole nuts, spoonfuls of thick nut butter, and hard chunks are choking hazards. Instead, smooth peanut or tree nut butter can be thinned with warm water, breast milk, formula, or stirred into a tolerated puree. Egg should be fully cooked and offered in a soft form, such as finely mashed hard-cooked egg or soft scrambled egg pieces when texture skills allow. Yogurt can be offered, but cow’s milk should not replace breast milk or formula as the main drink before 12 months unless directed by a clinician.

If your baby has severe eczema, known egg allergy, previous immediate reactions

to foods, or another high-risk medical history, consult your pediatrician or an allergist before introducing allergenic foods. They may recommend supervised introduction or testing in specific situations.

Step 6: Advance textures gradually

After your baby manages smooth purees, begin increasing texture. This progression supports oral-motor development: lip closure, tongue lateralization, chewing practice, and coordinated swallowing. Move from smooth purees to thicker purees, then mashed foods with soft lumps, and later to soft finger foods.

By around 7 to 8 months, many babies can try soft foods they can pick up, such as ripe banana strips, well-cooked vegetable pieces, soft pasta, shredded tender meat, or small pieces of ripe fruit. Readiness varies. A baby should sit upright, bring food to the mouth, and manage soft pieces without repeated coughing or distress.

Avoid high-risk choking foods, including whole grapes, hot dog rounds, raw carrot coins, popcorn, whole nuts, hard candy, large chunks of meat or cheese, and globs of nut butter. Modify shapes and textures: cook until soft, mash, shred, cut lengthwise, or make pieces very small depending on the food and your baby’s skills. Always supervise meals closely and have the baby seated, never crawling, lying down, or riding in a car seat while eating.

Step 7: Follow hunger and fullness cues

Responsive feeding means you provide safe, nutritious options while your baby controls whether and how much to eat. Hunger cues may include leaning toward the spoon, opening the mouth, reaching for food, or showing excitement. Fullness cues may include turning away, closing the mouth, pushing food away, becoming distracted, or slowing down.

Do not force bites, use food as punishment, or pressure your baby to finish a jar or bowl. Appetite varies with growth, sleep, illness, teething, and temperament. Some days are tasting days; other days your baby may eat more. This variability is expected.

Breast milk or formula remains the primary source of nutrition through much of the first year. Formula intake after starting solids may gradually shift as food intake increases, but babies still need adequate milk feeds. If you are breastfeeding, continue on cue. If you are formula feeding, your pediatrician can help interpret intake, growth, and hydration rather than relying on a rigid number alone.

Step 8: Build variety and a family meal rhythm

Once your baby tolerates several single foods, gradually offer variety across food groups: vegetables, fruits, grains, proteins, and healthy fats. Repeated exposure matters. A baby may need many calm encounters with a flavor before accepting it. Bitter vegetables, sour foods, and new textures often take time.

As meals become more established, many families move from one small meal per day to two and then three meals, with snacks later in infancy as appropriate. Keep added salt and added sugar minimal. Honey should be avoided before 12 months because of the risk of infant botulism. Juice is generally not needed for babies; whole fruits or purees are preferable.

Let your baby join family meals when possible. You can adapt family foods by setting aside portions before adding salt or strong sauces, then mashing, shredding, or softening them. This helps your baby learn food culture, social eating, and self-feeding while staying within safe texture limits.