

What foods to introduce first



Start with readiness, not a rigid food order

Most public health guidance places the start of complementary feeding at about 6 months, when breast milk or infant formula is supplemented with other foods. Age alone is not enough. Look for several signs of developmental readiness for solids: the baby can sit upright with good head and neck control, coordinates the eyes, hands, and mouth, reaches for food, opens the mouth when food approaches, and can swallow rather than repeatedly pushing food out with the tongue.

Early feeding is a learning experience. A baby may take only a small amount, turn away, or appear more interested in touching the food than eating it. That is normal. Offer food when the baby is alert and neither extremely hungry nor tired, and continue milk feeds according to guidance from your healthcare professional. There is no need to make the first meal a competition or to insist on a particular quantity.

Prioritize iron-rich complementary foods

Iron is a key nutrient during infancy because it supports hemoglobin production and neurodevelopment. For this reason, many clinicians encourage caregivers to

introduce iron-rich complementary foods early rather than relying only on low-iron fruit or vegetable purees. Suitable options may include smooth meat puree, finely minced well-cooked meat, poultry, fish prepared without bones, iron-fortified infant cereal, beans, lentils, tofu, or well-cooked egg in an age-appropriate texture.

Plant sources of iron can be paired with foods containing vitamin C, such as mashed berries, soft cooked broccoli, or pureed bell pepper, to support absorption. Iron requirements and supplementation advice vary according to age, birth history, feeding pattern, and medical factors. Do not start an iron supplement or change an infant's diet therapeutically without discussing it with the baby's clinician.

Iron-rich foods for babies do not need to be served at every early offering, but they should become a recurring part of the developing diet. Variety matters more than finding one perfect food.

Choose soft textures and simple ingredients

First foods should be soft enough to mash easily between the fingers or with the tongue. Smooth purees, thick mashes, and very soft foods are common starting textures. Examples include mashed avocado, banana, pear, or sweet potato; pureed peas or squash; plain full-fat yogurt without added sugar; and smooth porridge made from iron-fortified infant cereal. Meat, fish, beans, and vegetables should be thoroughly cooked and processed to an appropriate consistency.

Safe textures for infant feeding change as oral-motor skills improve. Gradually move from smooth foods to thicker mashed foods, soft lumps, and soft finger foods rather than keeping the baby on thin purees for an extended period. Later options may include strips of soft-cooked vegetable, ripe fruit without hard skin or seeds, soft pasta, shredded tender meat, flaked boneless fish, or small pieces of soft cheese. A feeding therapist or pediatric clinician can help if progression is difficult.

Food should be prepared without honey before 12 months, added salt, or added sugar. Avoid unpasteurized dairy products and foods that are hard, round, sticky, or difficult to break apart. The baby should be seated upright and

supervised throughout eating.

Build variety across food groups

By approximately 7 to 8 months, many babies can eat foods from several groups, including vegetables, fruits, meats or other proteins, unsweetened dairy foods, and whole grains. This does not mean every meal must contain every group. Instead, offer different foods over time so the baby encounters a broad range of flavors, aromas, and nutrients.

A practical sequence might include an iron-fortified cereal or mashed lentils, followed on another occasion by a soft vegetable and then fruit or plain yogurt. Once tolerated individually, foods can be combined, such as oatmeal with mashed pear, lentils with soft sweet potato, or plain yogurt with mashed fruit. Introduce ingredients in forms the baby can manage rather than focusing on elaborate recipes.

Repeated exposure is often necessary before a child accepts a new flavor. Facial grimacing, spitting, or refusing a food on the first attempt does not necessarily indicate dislike. Continue to offer accepted foods alongside small amounts of unfamiliar foods, without pressure or coercion.

Introduce common allergens thoughtfully

Common allergenic foods during weaning include peanut, egg, dairy, wheat, soy, sesame, fish, and other foods identified by local guidance. Once a baby is ready for solids, delaying these foods unnecessarily may not reduce allergy risk. They should be offered in safe, smooth, or well-cooked forms: for example, thinned smooth peanut butter, fully cooked egg, plain yogurt, or finely flaked boneless fish.

Introduce one potentially allergenic food at a time when the child is well and can be observed. A small amount can be offered, followed by monitoring for hives, facial swelling, vomiting, coughing, wheezing, hoarseness, unusual pallor, or marked lethargy. If the food is tolerated, ask your clinician how it should remain in the diet. Regular exposure after tolerated allergens may be recommended, but the schedule should fit the child and family.

Infants with severe eczema, an existing food allergy, or another high-risk medical history may need a personalized plan before peanut or egg introduction. Discuss this with a pediatrician or allergy specialist rather than making a decision based solely on general advice.

Use responsive feeding at every meal

Responsive feeding means noticing the baby's hunger and fullness cues and allowing the baby to participate in deciding how much to eat. Hunger cues may include leaning toward food, opening the mouth, or becoming more active when food appears. Fullness cues may include turning away, closing the mouth, slowing down, or pushing food away. Respecting these signals supports a healthier feeding relationship and reduces pressure.

Offer small portions and allow adequate time for exploration. It is acceptable for a baby to eat very little at one sitting, especially at the beginning. The caregiver chooses what food is offered, when it is offered, and where eating takes place; the baby determines whether to eat and how much. Keep breast milk or infant formula central during the transition, since solids initially complement rather than replace milk.

Mess, coughing during skill practice, and variable intake can be part of learning, but persistent coughing, choking episodes, wet or gurgly breathing, prolonged meals, or poor weight gain warrant professional assessment. These signs can indicate a feeding or swallowing problem and should not be managed by simply changing foods without advice.

Make safety part of food selection

Choking prevention requires attention to texture, shape, preparation, and supervision. Avoid whole nuts, popcorn, hard raw vegetables, whole grapes, chunks of meat or cheese, hard candy, spoonfuls of nut butter, and other foods that are firm, round, sticky, or difficult to compress. Cut or prepare foods according to the baby's skill level; grapes and similar round foods require particular care. Always keep the baby upright and within arm's reach while eating.

Gagging is a protective reflex and can be noisy, whereas choking may be quiet

and involves difficulty breathing. Caregivers should learn infant choking first aid from a qualified local provider and know how to access emergency services. Do not put fingers blindly into a baby's mouth.

Food safety also includes handwashing, clean utensils, appropriate refrigeration, and avoiding cross-contamination. Introduce water only according to age-appropriate professional guidance, and never use food or drinks as a substitute for breast milk or infant formula before the infant's clinician recommends it.