InterMed

Your Baby's First Foods



A guide to introducing solids and allergens during your baby's first year.



Welcome

Starting solid foods is an exciting milestone. Every baby develops at their own pace, and there isn't one "right" way to introduce foods.

This guide explains:

- When babies are ready for solids
- How to introduce different textures safely
- How to encourage self-feeding
- When and how to introduce common food allergens
- What reactions to watch for

This guide is based on current research and best practices. It is not a substitute for medical advice. Talk with your child's pediatric provider before introducing solid foods or allergens if you have questions or concerns.



Is Your Baby Ready?

Follow Your Baby's Cues

Most babies are ready to begin solid foods around **6 months** of age, although some may be ready a little earlier.

Your baby may be ready when they:

- Hold their head and neck steady for about 10 minutes
- Show interest in watching others eat
- Bring hands and toys to their mouth

TIP: Provide foot support during feeding whenever possible.

Building Feeding Skills

Learning to eat happens gradually. Babies develop feeding skills as they explore different textures over time.

Texture	Around	Description	Examples including, but not limited to:
Purees	5-8 Months	Smooth, no lumps	Carrots, squash, avocado, stage 1 meats, apples, pears
Dissolvable Solids	8-10 Months	Melt easily with minimal chewing	Infant puffs, Bambas, snap pea crisps
Soft Solids	8-12 Months	Hold their shape but mash easily	Soft fruit, cooked vegetables, pancakes, tofu
Table Foods	10-16 Months	Firm, require chewing	Meats, bread, pizza

Every baby progresses differently. Watch your baby's feeding skills – not just their age – when introducing new textures.

Finding the Right Approach

Families introduce solids in many different ways.

1 **Spoon Feeding**
Parents offer purees while babies practice swallowing and exploring new tastes.

2 **Baby-Led Weaning**
Babies feed themselves appropriately prepared soft foods from the beginning.

3 **Responsive Feeding**
Follows the hunger and fullness cues from babies.

4 **A Blended Approach**
At InterMed, *we recommend a blended approach* that combines spoon feeding with opportunities for self-feeding. This supports oral motor development while allowing babies to safely build independence and confidence during meals.

Progressing Through Textures

Purees (5-8 Months)

Purees are often a baby's first experience with solid foods.



Try these tips:

- Place a tiny amount on your baby's lower lip and allow them to explore it with their tongue.
- Offer a pea-sized amount on a silicone spoon.
- Wait for your baby to open their mouth or make eye contact before offering another bite.
- As skills improve, encourage self-feeding using infant feeding tools.

Dissolvable Solids (8-10 Months)

As babies begin moving their tongue from side to side, they are ready to explore foods that dissolve easily.



Try these tips:

- Begin with small crumbs placed on a silicone spoon or feeding tool.
- Let your baby bring the food to their mouth independently.
- Model chewing with an open mouth.
- Slowly increase the size of pieces as skills improve.

Soft Solids (8-12 Months)

As chewing develops, babies can begin practicing with soft finger foods.



Try these tips:

- Offer soft foods in a silicone mesh feeder.
- Cut foods into fingernail-sized pieces.
- Offer larger strips (3-5 inches) that your baby can hold independently.
- Pre-load bites onto an infant fork or spoon for self-feeding.

Table Foods (10–16 Months)

As chewing becomes more coordinated, babies are ready for a wider variety of family foods.

Try these tips:

- If your baby repeatedly gags on a texture, return to an easier texture for now and try again later.
- You can make foods safer by finely chopping, shredding, grating, or mashing them.



Introducing Common Food Allergens

Once your baby is comfortably eating several foods, for most babies it's time to begin introducing common allergens.

Research shows that introducing allergens early – and continuing to offer them regularly – may help reduce the risk of developing food allergies.

Introducing Allergens Safely

Keep these tips in mind:

- Introduce allergens during the daytime when your baby will be awake for at least 2 hours afterward.
- Offer about 1-2 teaspoons of the allergen for each exposure.
- Offer the same allergen for two days in a row.
- If your baby has no reaction, introduce a different allergen.
- Continue offering tolerated allergens 2-3 times each week.
- Once tolerated, mix allergens into foods your baby already enjoys.
- Consider using the tracker in this booklet to keep track of new foods.

Allergen Tracker

Common Allergen	How to Offer	Day 1	Day 2	Continue Weekly
 Peanuts	Smooth peanut butter thinned with water, breast milk, or formula	☐	☐	☐
 Wheat	Infant cereal mixed with breast milk or formula	☐	☐	☐
Egg	Scrambled or hard-boiled egg, mashed or blended into purees	☐	☐	☐
 Soy	Soft tofu, mashed or pureed	☐	☐	☐
 Cow's Milk	Plain whole milk yogurt *(avoid drinking cow's milk until after 12 months)*	☐	☐	☐
 Fish	Fully cooked, low-mercury fish with bones removed	☐	☐	☐
 Sesame	Tahini or finely ground sesame seeds mixed into a puree	☐	☐	☐
 Tree Nuts	Smooth nut butters thinned with water, breast milk, or formula	☐	☐	☐
 Shellfish	Finely grated and mixed into a puree	☐	☐	☐

Monitoring for Reactions

If your baby develops a mild reaction, such as a small rash with no other symptoms, contact your pediatric provider.

If your baby develops any of the symptoms below, stop offering food and call 911 or go to the nearest emergency department immediately.

Seek emergency care if your baby develops:

Behavior	Extreme sleepiness, limpness, unusual irritability
Skin	Widespread rash or hives, swelling or itching of the lips, tongue, face, ears, or eyes
Digestive	Repeated vomiting, diarrhea, mucus in the stool, persistent gagging
Breathing	Coughing, wheezing, difficulty breathing
Color Changes	Pale, bluish or gray lips, gums, or fingernails

Antihistamines for Infants

Cetirizine (brand name Zyrtec) is an antihistamine (allergy medicine) that may be given to children 6 months of age and older with guidance from your pediatric provider.

Important reminders

- Cetirizine alone may not stop a serious allergic reaction. If your baby shows signs of a significant allergic reaction, call 911 or go to the nearest emergency department immediately.
- Talk with your pediatric provider before giving cetirizine or any antihistamine.
- The typical cetirizine dose for children 6-24 months is 2.5 mL. Use an oral dosing syringe or medicine cup to measure carefully.
- Do not give cetirizine with other antihistamines (such as diphenhydramine/Benadryl) or cough and cold medicines unless directed by your pediatric provider.

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Questions?

Every baby develops differently, and learning to eat takes time.

If you have questions about feeding, introducing allergens, or your baby's feeding skills, your InterMed care team is here to help.

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