

here comes a time in every child's life that they will stop drinking breast milk (or formula) and begin to eat solid foods. Frustratingly (or liberatingly?), we are at a point in time when it appears there may be no particular "right" answer for which is

the best approach, but we can explore this confusing question.

WHY the confusion?

The main considerations when determining which foods to introduce first are safety (i.e. not feeding children foods which are potential choking hazards) and prevention of sensitization to foods that may lead to development of food allergies (and closely-related, hay fever and eczema). Until recently, to reduce the likelihood of developing food allergies, parents were advised to *delay* introduction of high allergy-potential foods for as long as three years.

This guideline was developed based primarily on expert *opinion*, because no scientific evidence was available. Evidence challenging the "wait to introduce potentially allergenic foods" guideline emerged gradually over the first decade of the 21st century.

Findings included:

- rates of peanut allergy in England tripled during the period after parents were advised to delay introduction of peanuts into children's diets
- research suggesting that introduction of wheat and grains after six-months of age increased later risk of developing wheat allergy
- delayed introduction of eggs increased the likelihood of developing an egg allergy.

The "wait to introduce potentially allergenic foods" killer was the publication of the LEAP (Learning Early About Peanut allergy) study, a five-year study published earlier this year demonstrating that children who had no allergy to peanuts at 4 - 11 months of age, if exposed to peanuts regularly, had 86% lower risk of peanut allergy compared to children who avoided peanuts.

Confused? Understandable. The upshot of the study is that earlier guidelines suggesting delayed introduction of foods helps to prevent development of allergies appear to have been disproved. Furthermore, it seems later introduction of some foods might be actually be related to increased risk of developing food allergies. The only conclusive information, based on the evidence at hand, is that introduction of peanuts should not be delayed to three years as previously advised. Otherwise, presently, we are in a state of flux.

HOW DO I KNOW my child is ready to try solid food?

Although some research suggests introducing foods earlier than four months of age may be protective, babies are not ready to *safely* eat solid foods until between four and six months. Before this age, children do not have the muscular coordination to move solids from the front of their mouth to the back for swallowing, increasing the risk of choking. Furthermore, at six months, your baby's intestines are more mature from an immune system perspective, reducing the potential for allergy development.

That said, your baby is ready to try solid foods when:

- They are able to sit upright with support.
- They can hold their head in a steady, upright position.
- They show interest in foods they see you eating (this may happen before they are ready to have solid foods

 this sign alone is not enough to begin solid food introduction!).

If your child is at high risk of allergy for a particular food, do not introduce this food into his diet without first having a discussion with their pediatrician. If they feel it is warranted, they may suggest an oral food challenge under the supervision of an allergist.

A child is considered to have a high risk for potential food allergy:

- If they have a parent or sibling with an allergy to that food.
- If they have had childhood eczema, or if they have a parent or sibling with eczema or hay fever.

WHAT ARE SIGNS my child is having a reaction to a food?

The most obvious, and frightening to a parent is an anaphylactic response (i.e. breathing difficulties). The likelihood of this occurring is very low if you follow the guidelines above.

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HOW DO I

The guidelines below can be used to safely introduce new food to a baby, but are particularly useful for children who are at high general risk for allergies, and for introducing the highest-potential-risk-for-allergy foods (cow's milk, eggs, peanuts, finned fish, wheat, shellfish, tree nuts and soy).

- Apply the new food to your child's cheek; wait 20 minutes; check for skin reddening at the site of application; if no reddening occurs...
- 2. Apply a small amount of the food to your child's outer lower lip; observe for signs of allergy; if no signs of allergy occur...
- Feed your child a half teaspoon of the food; observe for four hours for signs of allergy; if no signs of allergy occur...
- 4. Feed your child one teaspoon of the food; observe for four hours for signs of allergy; if no signs of allergy occur...
- Feed your child two teaspoons of the food; observe for 24 hours for signs of allergy; if no signs of allergy occur...
- 6. Feed your child more than two teaspoons of the food; observe for 24 hours for signs of allergy; if no signs of allergy occur the food may be considered "safe".

Foods should be prepared in such a way as to require minimal chewing. Boil in water until soft, then mash or blend them to a paste. Using your fingertip for feeding is a comforting way for children to become accustomed to this new way of eating.

Introduce new foods when your baby is hungry. Every baby is different, but as a general rule, breastfed babies tend to be hungriest in late-afternoon (when their mother's milk supply is diminished) and formula fed babies are hungry in the morning.

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