

# Child Feeding

## Breastfeeding (0-6 months)

WHO and UNICEF recommend early initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first 6 months of life [1]. Nutritionally adequate and safe complementary foods should be introduced at 6 months, together with continued breastfeeding up to two years and or beyond [1].

## Complementary Feeding (6-24 months)

At 6 months of age, a child's nutritional needs begin to change and developmentally they are ready to begin eating small amounts of complementary foods. The introduction of complementary foods helps promote growth, as well as healthy behavioural and cognitive development. Breast milk continues to be the child's main source of nourishment well beyond the first year of life [2]. At 6-8 months, the child should be offered small meals of complementary foods 2-3 times per day [14]. Foods that are rich sources of iron such as iron fortified infant cereal, meat, poultry, and fish should be among the first complementary foods introduced [14]. Parents and caregivers should be encouraged to limit unhealthy foods high in sugar and salt, but they should not restrict nutritious foods because of their fat content [4].

The texture of the first foods introduced should be puréed and given by spoon – not a feeding bottle. When the child learns to eat puréed foods, gradually parents and caregivers should increase the food consistency and variety, based on the infant's developmental readiness [14-15]. With the introduction of complementary foods, mothers should be encouraged to maintain frequent breastfeeding [2-3].

## Dietary Recommendations for Children (2 years and older)

To promote healthy growth and development, parents and caregivers should offer children small nutritious meals or snacks every 2-3 hours [7]. A variety of foods from each food group should be offered [4]. Food groups include; vegetables and fruit, grain products, milk and alternatives, meat and alternatives, plus a small amount of added fats and oils [6]. These foods provide children with a concentrated source of calories [4]. Water should be offered to quiche thirst throughout the day. Young children typically have small appetites and short attention spans. It's normal that a child may lose interest in an activity quickly, this also applies to eating. A child's appetite may vary from day-to-day as it is influenced by a variety of factors including: activity level, whether or not the child is experiencing a growth spurt, or if they are overly tired or excited [6]. Parents and caregivers should be encouraged to continue to offer their child nutritious foods and reassured that their child will eat when they are hungry, and stop when they are full [6].

## Eating Habits

Parents and caregivers are responsible for choosing nutritious foods to offer their child [4]. It is the child's responsibility to determine how much of that food they need to eat [4]. Food choices during childhood and adolescence help lay the foundation for lifelong eating habits [7]. Eating habits and nutritional status are linked to academic performance, behaviour and self-esteem [8-10]. Later in life, poor eating habits and malnutrition during childhood and adolescence are linked to a variety of chronic diseases including, heart disease, cancer, and diabetes [11-13].

## Growth Monitoring

Globally, malnutrition and repeated infections are responsible for 30% of growth stunting among children under the age of 5 years [1]. Poor feeding is also responsible for the growing issue of child overweight and obesity [1]. A child's growth should be routinely measured by a trained health professional. Growth monitoring helps to ensure the child is growing well and allow for early intervention should any potential problems arise [5].

## References

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