



PART 2 | CHAPTER 2

THE FIRST YEAR OF LIFE: 0-12 MONTHS OLD

Section 2.1: Important Developmental Milestones for Feeding: 0-12 Months Old

Section 2.2: Basic Feeding Guidelines for the Child 0-12 Months Old

Section 2.3: Feeding Positioning for the Child 0-12 Months Old

Section 2.4: Beyond the Meal: Tips for Supporting the Child 0-12 Months Old



SECTION 2.1: IMPORTANT DEVELOPMENTAL MILESTONES FOR FEEDING: 0-12 MONTHS OF AGE






THE IMPORTANCE OF DEVELOPMENTAL MILESTONES

During the first year of life, babies make many advancements in their development. At times, it can feel like a baby is changing every single day. Skills that babies acquire must be viewed holistically. All areas of development are connected and influenced by one another. When caring for babies 0-12 months old who may need extra help with feeding, it is critical to consider all areas of development to know how best to provide support.



For more information about each developmental domain, refer to the Introduction.

EXAMPLE OF A HOLISTIC VIEW OF FEEDING (0-12 MONTHS OLD):

DEVELOPMENTAL AREA	DEVELOPMENTAL MILESTONES (SKILLS)
 Adaptive	Baby receives good sleep mixed with periods of being awake and alert.
 Motor Communication Cognitive	Baby brings her hands to her mouth to indicate she is hungry.
 Social-Emotional Communication Vision	Baby expresses excitement when she sees the bottle.
 Social-Emotional Communication Hearing	Baby becomes calm before the feeding when spoken to by her caregiver.
 Adaptive Motor	Baby comfortably and safely sucks from the bottle.

Feeding is a complex process and all areas of development are involved. Even when just one area is not working well, it can create challenges for a baby and her caregivers. Therefore, it is critical to look at babies broadly to understand their full range of capacities and needs.

By understanding these basic milestones of development (also known as skills) and how they work together, caregivers can more easily identify when development is going well and when there may be a problem.



The earlier challenges can be identified, the sooner support can be provided resulting in happier and healthier babies.



Remember: *Development is a process and there is a large range of times when babies and children gain skills. The timeframes and skills shared in this manual are provided as a reference guide. We have chosen to include the most prominent skills across each developmental area and how they relate to feeding. Caregivers who work with children of all ages should become familiar with these milestones to best meet the needs of the children they serve.*

Two babies enjoy each other's company during floor time play.



COMMON DEVELOPMENTAL SKILLS^{23,24,25,26}:

BABIES 0-3 MONTHS OLD:

Adaptive: 	<ul style="list-style-type: none"> ⇒ Moves head toward bottle and/or breast when offered ⇒ Sucks and swallows well when feeding – seldom coughs or chokes and feedings take no more than 30 minutes at a time ⇒ Drinks 60 to 180 ml (2 to 6 fl. oz.) of liquid each feeding around six plus times per day ⇒ Sleeps for two to four hour stretches
Communication: 	<ul style="list-style-type: none"> ⇒ Turns head toward voices and sounds ⇒ Makes different cries for different needs such as hungry, uncomfortable, pain, tired, etc. ⇒ Makes different noises other than crying such as cooing or gurgling ⇒ Shows interest in looking at faces
Fine and Gross Motor: 	<ul style="list-style-type: none"> ⇒ Lifts and holds head up while lying on stomach ⇒ Brings hands to mouth ⇒ Attempts to reach for or grab toys and other objects held above chest ⇒ Stretches and kicks when on back
Cognitive: 	<ul style="list-style-type: none"> ⇒ Notices and explores own hands ⇒ Mouths toys or objects ⇒ Looks back and forth between faces and objects ⇒ Watches faces or objects move slowly in front of face
Social-Emotional: 	<ul style="list-style-type: none"> ⇒ Gazes at others ⇒ Recognizes familiar voices, faces and objects ⇒ Smiles and makes sounds with others ⇒ Becomes calm with touching, rocking, bouncing, patting, gentle sounds or when comforted/spoken to
Vision: 	<ul style="list-style-type: none"> ⇒ Moves eyes to watch objects and faces while lying on back ⇒ Stares at objects or faces if held 20 to 25 cm (8 to 10 inches) away ⇒ Looks at faces of others with great interest ⇒ Looks at hands
Hearing: 	<ul style="list-style-type: none"> ⇒ Responds to voices and sounds in environment ⇒ Reacts to loud sounds by becoming startled or moving body ⇒ Turns head toward voices and sounds ⇒ Vocalizes when spoken to by others

COMMON DEVELOPMENTAL SKILLS^{23,24,25,26}:

BABIES 3-6 MONTHS OLD:

<p>Adaptive:</p> 	<ul style="list-style-type: none"> ⇒ Sucks on finger(s) or hands ⇒ Shows interest in solid foods (around 5 to 6 months old) ⇒ Drinks 180 to 240 ml (6 to 8 fl. oz.) of liquid at each feeding, four to six times per day ⇒ Sleep for four to 10 or more hour stretches at night
<p>Communication:</p> 	<ul style="list-style-type: none"> ⇒ Listens and responds when spoken to by others ⇒ Repeats simple sounds and facial expressions ⇒ Begins to babble using a greater variety of sounds ⇒ Expresses pleasure and displeasure using different kinds of sounds
<p>Fine and Gross Motor</p> 	<ul style="list-style-type: none"> ⇒ Rolls from back to stomach and from stomach to back ⇒ Reaches both hands to play with feet while lying on back ⇒ Uses both hands to explore objects and reach ⇒ Sits for at least five seconds with support from a caregiver
<p>Cognitive:</p> 	<ul style="list-style-type: none"> ⇒ Explores objects in a variety of ways ⇒ Repeats movements with arms and legs to cause actions to happen again (cause and effect) ⇒ Follows a disappearing object ⇒ Drops objects on purpose
<p>Social-Emotional:</p> 	<ul style="list-style-type: none"> ⇒ Smiles and laughs and seeks comfort from others ⇒ Calms with rocking, touching, bouncing, patting, and gentle sounds ⇒ Pays attention to their name when it's called
<p>Vision:</p> 	<ul style="list-style-type: none"> ⇒ Reaches for objects and may bat at them with hands ⇒ Recognizes familiar faces and objects such as his bottle ⇒ Turns head to see an object or face ⇒ Picks up an object that is dropped
<p>Hearing:</p> 	<ul style="list-style-type: none"> ⇒ Repeats familiar sounds ⇒ Makes more sounds and uses a wider variety of sounds such as "baba," "mama," etc. ⇒ Uses a greater variety of high, low, soft and loud sounds ⇒ Reacts calmly and without great upset to everyday sounds

COMMON DEVELOPMENTAL SKILLS^{23,24,25,26}:

BABIES 6-12 MONTHS OLD:

Adaptive: 	<ul style="list-style-type: none"> ⇒ Takes foods from a spoon and tries to feed self finger foods ⇒ Holds or supports bottle when drinking ⇒ Drinks from an open cup with support ⇒ Cooperates in dressing/undressing activities
Communication: 	<ul style="list-style-type: none"> ⇒ Responds with gestures to certain words ("up," "bye") ⇒ Follows simple directions ("Give me ____") ⇒ Makes several more sounds ⇒ May say one to two words meaningfully
Fine and Gross Motor: 	<ul style="list-style-type: none"> ⇒ Picks up small item using thumb and finger ⇒ Pokes using a finger ⇒ Stands alone while holding onto something for support ⇒ Walks three or more steps with support
Cognitive: 	<ul style="list-style-type: none"> ⇒ Repeats familiar movements such as clapping, waving, banging objects, etc. ⇒ Moves to get objects ⇒ Looks at pictures in books or magazines ⇒ Realizes objects and people exist even when they cannot be seen
Social-Emotional: 	<ul style="list-style-type: none"> ⇒ Reaches for familiar adults ⇒ Shows affection for familiar adults ⇒ Repeats facial expressions, actions and sounds of others ⇒ Shows preferences for certain activities, objects, places and people
Vision: 	<ul style="list-style-type: none"> ⇒ Shows preferences for certain colors ⇒ Reaches for objects and grasps with greater accuracy ⇒ Locates small objects ⇒ Watches objects that are moving quickly
Hearing: 	<ul style="list-style-type: none"> ⇒ Listens when spoken to ⇒ Understands words for familiar items (e.g., bottle, bath) ⇒ Repeats the sounds of others more often ⇒ Makes more sounds, sound combinations and may even say one to two words meaningfully



SECTION 2.2: BASIC FEEDING GUIDELINES FOR THE CHILD 0-12 MONTHS OLD

TYPICAL FEEDING DEVELOPMENT

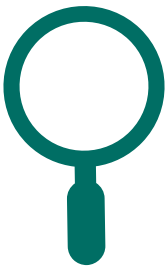
A child's feeding skills are directly related to her entire body's movement and overall development. The "hips and the lips" are connected. How a child sits upright, reaches for food, expresses hunger with sounds and recognizes her bottle — are all examples of how the entire body is connected during a mealtime. Therefore, if there is a problem in even one area of development, there is a chance feeding development may be affected.

When feeding development is going well, a typical progression of skills for a baby 0-12 months old can look similar to this:

AGE IN MONTHS	TYPICAL FEEDING SKILLS AND DEVELOPMENT
0 – 3 Months	<ul style="list-style-type: none"> ○ Sucking and swallowing when born ○ Rooting reflex present to help baby find liquids ○ Requires total support of caregiver for positioning during feedings ○ Feedings every two to four hours ○ 30 to 120 ml (1 to 4 fl. oz.) of liquid taken per feeding ○ Breast milk or formula only provided via breast and/or bottle
3 – 6 Months	<ul style="list-style-type: none"> ○ Improved head and neck control ○ Sucking and mouthing on hands and objects ○ Held in more upright position for feedings by caregivers ○ Four to six feedings each day ○ 180 to 240 ml (6 to 8 fl. oz.) of liquid taken per feeding ○ Breast milk or formula provided and solid foods are slowly introduced
6 – 9 Months	<ul style="list-style-type: none"> ○ More active participant in feedings ○ Sitting upright with little to no support ○ Fed in upright seated position with support from chair or feeder ○ Taking more solid foods such as smooth purees, soft mashed foods, etc. ○ Learning to eat and drink from a spoon and cup ○ Taking solids and breast milk or formula via breast, bottle or cup ○ Early chewing patterns begin ○ Taking larger amounts of foods/liquids at meals, less often throughout day
9 – 12 Months	<ul style="list-style-type: none"> ○ Holding a bottle or cup during feedings and self-feeding finger foods ○ Eating foods with different textures such as chopped table foods ○ Biting down through certain foods using gums or teeth ○ Moving foods to sides of mouth using tongue ○ Showing more mature chewing patterns ○ Taking larger amounts of foods/liquids at meals, less often throughout day

During the first year of life, many changes take place in a baby's feeding development. Babies move from being fed solely by breast or bottle, to taking a good portion of their nutrition each day from solid, whole foods. Understanding what these transitions look like and approximately when they should happen will make it easier for caregivers to guide these transitions (for example, sitting upright in a chair, introduction of solid foods, cup drinking, spoon feeding) in a timely manner.

A caregiver and newborn baby gaze and smile at each other.



For information on breastfeeding, refer to Chapter 1, Section 4.

For more information on types of bottles, cups and spoons, refer to Chapters 1 and Appendix 9G.

For a quick reference guide, refer to the Feeding Skill Timeline in Appendix 9A.

BOTTLE FEEDING

Babies 0-12 months of age receive the majority of their nutrition through liquids (i.e., breast milk, formula). Babies are first offered liquids via the breast and/or a bottle. As a baby grows stronger over the first year of life, bottle feeding will gradually be replaced with more opportunities for eating solid foods and drinking liquids using a cup.

By 12 months old, most babies transition from bottle to cup drinking. Some children older than 12 months will continue to take a bottle before naps or bedtime. However, weaning entirely from the bottle between 12-18 months old is ideal. Breastfeeding can continue for as long as a mother and child would like.



A caregiver and child gaze at one another during a bottle feeding. Feedings are one of the best times to interact with a child.



EXTENDED BOTTLE USE HAS RISKS:

Children can develop problems with their teeth such as tooth rotting, decay and malformation. When teeth and mouths hurt, children stop eating.

Children can experience difficulties learning important feeding skills such as chewing foods and drinking from cups.



TYPICAL BOTTLE-FEEDING AMOUNTS FOR THE CHILD 0-12 MONTHS OLD

AGE	NUMBER OF FEEDINGS	AMOUNT OF BREAST MILK OR FORMULA
0-3 Weeks	Eight to twelve feedings a day	30-90 ml (1 to 3 fl. oz.) every two to three hours 240-720 ml (8 to 24 fl. oz.) total
3 Weeks – 3 Months	Six to eight feedings a day	90-120 ml (3 to 4 fl. oz.) 720-960 ml (24 to 32 fl. oz.) total
3-6 Months	Four to six feedings a day	120-240 ml (4 to 8 fl. oz.) 720-960 ml (24 to 32 fl. oz.) total
6-9 Months	Six feedings a day	180-240 ml (6 to 8 fl. oz.) 960 ml (32 fl. oz.) total
9-12 Months	Three to five feedings per day	210-240 ml (7 to 8 fl. oz.) 720 ml (24 fl. oz.) total
12+ Months	Up to four times a day	120 ml (4 fl. oz.) cow/soy/milk/yogurt

A caregiver carefully bottle feeds a newborn baby. She will need smaller, more frequent feedings during her first few months of life.



WEANING FROM THE BOTTLE

The ideal time to wean a baby from the bottle is between 12-18 months old. Generally, weaning from a bottle is a gradual process that can start before 12 months old. A baby may be introduced to a cup as early as 6 months old and should have had ample opportunities to explore and use a cup before completely removing the bottle.

SIGNS A BABY IS READY FOR BOTTLE WEANING

Able to sit up right on his own

Able to eat from a spoon

Shows increased interest in solid foods

Shows increased interest in cup drinking



TIPS FOR WEANING A BABY OFF OF A BOTTLE²⁷:

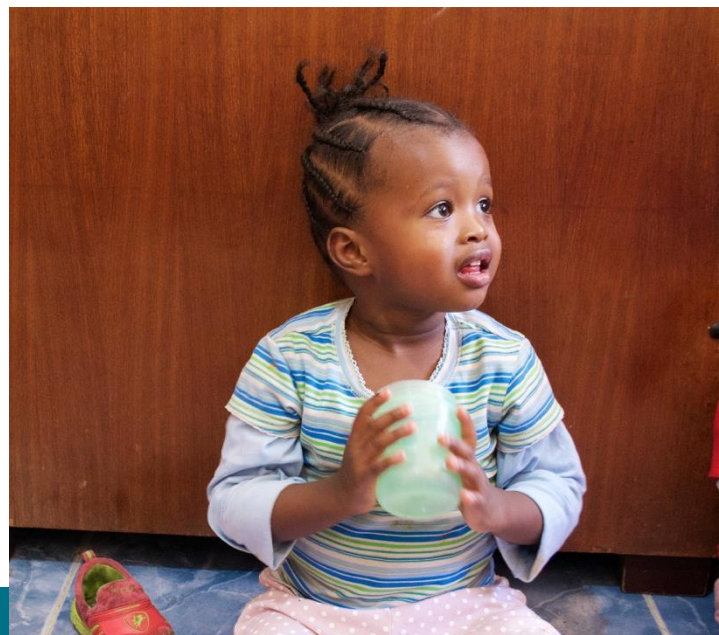
- ① *Choose to wean a baby during a relatively stress-free time.* For example: It is not a good idea to start a wean if a baby has recently arrived at your center, recently been transferred to a new room, if he is sick or just getting over being sick, if a primary caregiver is gone or has left a facility permanently or if he has had a big change in his home (such as a new baby arriving).

- ② *Introduce lots of opportunities for cup drinking before weaning and start at an early age.* For example: Offer an empty cup to a baby to hold and play with as early as 3 to 6 months old. Help a baby hold the cup, and slowly tilt small amounts of liquids into her mouth. Cups with handles can be helpful for a baby first starting out.
- ③ *Try substituting an open cup or closed sippy cup for a bottle during one daily feeding.* Choose a feeding when the baby usually takes a smaller amount. Offer the cup at this same time each day for one to three weeks. Each week after, offer the cup at an additional feeding, slowly reducing the number of bottles the baby receives during the day.
- ④ *Consistency is key.* Consistently offer the baby the cup at the chosen feeding time each and every day.
- ⑤ *Communication is important.* Every caregiver must be aware that a baby is transitioning from the bottle to a cup.
- ⑥ *Sucking can be a helpful way for babies to become calm (and regulate) their bodies.* Because of this, some babies may take longer to wean from the bottle – beyond the ideal window of time. Offering these babies access to pacifiers for sucking or cups that look similar to a bottle may be necessary.
- ⑦ *Offer additional comforts during weaning.* Special comforts can include: A special blanket or lovey (as age-appropriate), play soothing music or sing to the baby, let the baby know how this might be hard for her (for example: “You want your bottle. It’s hard learning something new.”) and spend extra time cuddling with her.

INTRODUCING CUPS

Babies 0-12 months old receive the majority of their nutrition through liquids (i.e., breast milk, formula). As a baby grows stronger over the first year of life, breast and bottle feeding will gradually be replaced with more opportunities for cup drinking. Most babies can be introduced to a cup between 6-9 months old. This is a terrific time since babies this age are eager to learn new skills. If cup drinking opportunities are postponed for too long (for example, after the child grows to be 12 months old), it can make cup drinking and bottle weaning much more difficult. As with bottle feeding, signs that a baby is ready for cup drinking are similar:

By 12 months old, most babies have made or are in the process of transitioning from breastfeeding or bottles to cups.





SIGNS A BABY IS READY FOR CUP DRINKING

Able to sit up right on her own

Able to eat from a spoon

Shows increased interest in solid foods

Shows increased interest in cup drinking

Also similar to bottle feeding, is the amount of fluids offered to a baby via cup over the course of the day. When cups are initially introduced, a baby will continue to be primarily fed using a bottle. As a baby is learning how to drink from a cup, the amount of liquids they drink from it will be very small. Do not expect a baby to take the same amount of liquid from a cup that they usually take from a bottle. Slowly, as a baby becomes more comfortable and skilled, her cup drinking volumes will increase.



TIPS FOR INTRODUCING A CUP:

- ① **Offer lots of practice.** Allow lots of opportunities for exploring and playing with cups before asking a baby to drink from one. For example: Offer an empty cup to a baby to hold during a mealtime.
- ② **Small, slow, and thick.** Offer small amounts of liquid slowly. Offer thicker liquids or a smooth puree in a cup at first. Thicker liquids move slower, giving a baby more time to prepare for the liquid.
- ③ **Offer help in the beginning.** Help a baby hold the cup, and slowly tilt small amounts of liquid into his mouth. Cups with handles can be helpful for a baby first starting out.
- ④ **Offer a cup that suits the baby.** For example: A smaller size cup so that a baby can put her hand around it. Or try a closed cup with a soft spout that is similar to a bottle.
- ⑤ **Consistency is key.** Consistently offer the baby the same cup at the same time each and every day.
- ⑥ **Communication is important.** Every caregiver must be aware that a baby is transitioning to a cup and support routine cup offerings.



Cup drinking is a skill that takes practice and time. On average, babies will master cup drinking in approximately three to six months. This means that they will need extra support from caregivers during this transition.

INTRODUCING SOLIDS

Babies 0-12 months old receive the majority of their nutrition through liquids, such as breast milk or formula. At 6 months old, most babies are ready to be offered their first tastes of solid foods. As a baby grows stronger over the first year of life, a baby's consumption of liquids will slowly reduce with increased opportunities for eating solid foods. When babies eat solid foods, they are exposed to many new tastes and textures. It's an exciting time in life.

SIGNS A BABY IS READY FOR SOLID FOODS

Able to sit up right on his own

Able to hold head upright with good control

Able to reach out and grab objects

Shows increased interest in solid foods

Opens mouth in anticipation of food on utensil

As with cup drinking, when solid foods are first introduced, a baby will take small amounts. The main source of nutrition will continue to be liquids from the bottle or breast. As a baby is learning how to eat solids and as her body becomes used to them, the amount of foods she eats will increase over time. Do not expect a baby to take large amounts of solid foods right away.



A caregiver offers solid foods to several young new eaters.



Transitioning to solid foods is a process that involves skill and takes plenty of practice and time (and it will be messy). On average, babies will master eating solid foods by around 2 to 3 years old. This means that they will need extra support from caregivers for quite a bit of time

TYPICAL SOLID FOOD AMOUNTS FOR THE CHILD 0-12 MONTHS OLD

6 MONTHS

1-2 meals per day



840-960 ml

milk per day (on average)

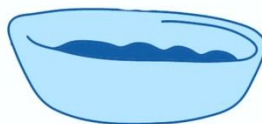


30-60 g

baby food per meal

7-9 MONTHS

2-3 meals per day



840-960 ml

milk per day (on average)



56-112 g

baby food per meal

10-12 MONTHS

3 meals per day



540-720 ml

milk per day (on average)



112-168 g

baby food per meal



TIPS FOR INTRODUCING SOLID FOODS:

- ① *Offer lots of practice.* Allow lots of opportunities for exploring foods before asking a baby to eat them. For example: Eat foods around a baby so he will see how the food looks and experience its smell. Let a baby touch an offered food with his hands before ever offering it to him to eat.
- ② *Choose to introduce foods during a relatively stress-free time.* For example, it is not a good idea to begin introducing solid foods if a baby has recently arrived at your center, recently been transferred to a new room, if she is sick or just getting over being sick, if a primary caregiver is gone or has left a facility permanently or if she has had a big change in her home such as a new baby arriving.
- ③ *Seat baby upright for all meals.* Use a chair or hold baby in your arms with good positioning.
- ④ *Slow and small.* Offer one food at a time in the beginning to see if a baby has allergic or other negative reactions to foods. Offer small amounts of food at a time in order to not overwhelm a baby.
- ⑤ *Eat together.* Eat along with a baby, known as “family style,” to teach a baby what eating is like. Babies best learn through seeing and doing.
- ⑥ *Offer a spoon that suits the baby.* For example, a smaller size spoon that fits comfortably inside her mouth. Solid foods can also be introduced on a caregiver’s clean finger.
- ⑦ *Consistency is key.* Consistently offer a baby solid food at the same times each and every day.
- ⑧ *Communication is important.* Every caregiver must be aware that a baby is transitioning to solid food.

Young babies are learning all about solid food as they take tastes off of a spoon when offered by their caregiver.





Babies are more likely to eat a food that they are able to touch and explore



KEY POINTS FOR THIS AGE

During the first year of life, babies are growing incredibly fast and each day brings opportunities for countless moments to learn. Because babies are developing so many new skills over this first year of life, caregivers play an essential role. A supportive caregiver is able to understand when a baby is ready to try something new such as solid foods. They also know when she may need extra time or support taking a bottle or drinking from a cup. For babies to become successful eaters, they must be supported by knowledgeable and attentive caregivers.

IMPORTANT POINTS TO REMEMBER:

- ① All areas of a baby's development are connected. Growth in one area leads to growth in another, including feeding skills.
- ② When feeding is going well, babies can handle new challenges such as transitioning to cup drinking and learning to eat solid foods.
- ③ Caregivers must understand what's expected for babies so that they know when to offer new experiences (for example, cup drinking, solid foods) and when a baby may need more time or support.
- ④ The first year of life is an exciting time as babies are expanding their tastes and growing their interest in eating real, whole foods.



SECTION 2.3: FEEDING POSITIONING FOR THE CHILD 0-12 MONTHS OLD

THE IMPORTANCE OF FEEDING POSITIONING

The way we position a baby during a feeding is very important. Certain positions can make feeding much easier for a baby, and some positions can make feedings more challenging and even unsafe.



Good positioning has many benefits for babies and caregivers such as:

- ✓ More timely feedings
- ✓ Increased ability to accept different textures
- ✓ Better oral intake
- ✓ Improved growth and nutrition
- ✓ Reduced occurrence of illness and death
- ✓ When positioning is good, babies and caregivers are happier, and feedings are a positive experience.

Poor positioning has many risks such as:

- ✗ Inefficient and longer feedings
- ✗ Reduced ability to accept different textures
- ✗ Inadequate oral intake
- ✗ Poor growth and nutrition
- ✗ An increased occurrence of illness and death
- ✗ When positioning is poor, feedings can be a stressful, negative experience for babies and their caregivers.



This section covers the best positions for bottle feeding babies and which positions are best suited for each baby. This section will also discuss the best positions for finger and spoon feeding for babies 6-12 months old, and who is best suited for each position⁷.

BENEFITS AND RISKS OF POSITIONING FOR FEEDING:

BENEFITS OF GOOD POSITIONING

- ↑ Efficiency of feedings
- ↑ Capacity for successfully taking different foods
- ↑ Baby's intake during feedings
- ↑ Baby's enjoyment of feedings
- ↑ Baby's interest in and capacity for feeding themselves
- ↑ Baby's overall growth and nutrition
- ↓ Occurrence of aspiration, illness, death

RISKS OF POOR POSITIONING

- ↓ Efficiency of feedings
- ↓ Capacity for successfully taking different foods
- ↓ Baby's intake during feedings
- ↓ Baby's enjoyment of feedings
- ↓ Baby's interest in and capacity for feeding themselves
- ↓ Baby's overall growth and nutrition
- ↑ Occurrence of aspiration, illness, death



A caregiver practices good positioning while feeding a young baby.



KEY POINTS WHEN CHOOSING A FEEDING POSITION FOR A BABY 0 – 12 MONTHS OLD:



Is the baby's head and neck well supported?



Is the baby's trunk (body) well supported?



Is the baby upright enough?



Is the flow of the bottle too fast or too slow for the baby?



How is gravity impacting how the baby feeds?



Is the feeder/caregiver comfortable in this position?

Additionally, you may need to consider other individual needs of a baby such as:

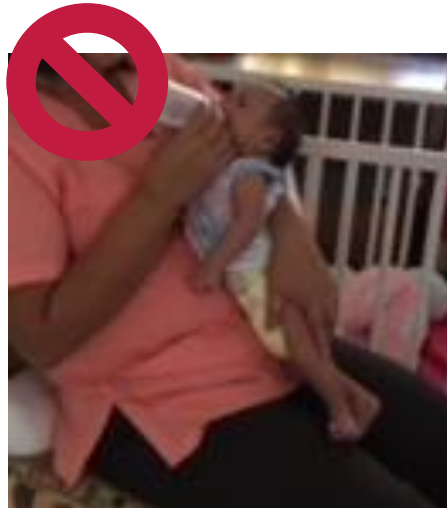
- ① *What is the size of the baby?* A larger baby may be more challenging to hold in certain positions.
- ② *How strong is the baby?* A weaker baby may need a position that offers the most support, whereas a stronger baby may need a position that requires less.
- ③ *Does the baby appear comfortable in the position?* An uncomfortable baby is a baby who will not feed well.
- ④ *Is the baby fussy?* A fussy baby is a baby who will not feed well.
- ⑤ *Is the baby coughing or choking often in this position?* A coughing or choking baby is at risk for poor nutrition, illness and unsuccessful feedings.

EXAMPLES OF GOOD AND POOR POSITIONING FOR BOTTLE FEEDING



GOOD POSITIONING

- Baby is elevated with head higher than hips
- Head and neck are well supported by caregiver's arm and chest
- Baby is tucked close to caregiver's body
- Arms and legs are tucked toward baby's body so he can touch bottle
- Hips are slightly bent
- Bottle is in a neutral position



POOR POSITIONING

- Baby's head and neck are not well supported
- Head and neck are extended too far back
- Baby's hips are not flexed
- Baby's back is arched
- Arms are unsupported without access to bottle
- Baby looks uncomfortable
- Bottle is tilted too high to accommodate baby's extended head



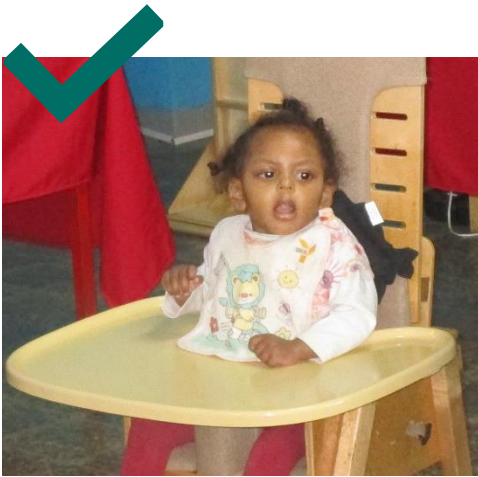
POOR POSITIONING

- Baby is lying down flat on back while feeding
- No caregiver is present
- This position is very dangerous and can cause sickness and death
- Never feed a child or let them feed themselves lying flat on their back
- Caregivers must always be present for feedings



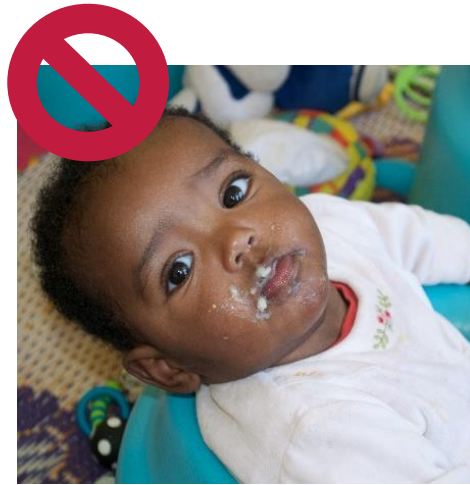
Holding babies while feeding is essential for healthy development.

EXAMPLES OF GOOD AND POOR POSITIONING FOR EARLY SPOON FEEDING



GOOD POSITIONING

- Baby is in well-supported chair and upright position
- Head, neck and trunk are well supported
- Hips are flexed
- Knees are bent at 90-degree angle
- Feet are supported with cushions
- Arms are free for touching foods and supported by tray



POOR POSITIONING

- Baby's head and neck are not well supported by chair
- Head and neck are extended too far back
- Trunk and arms are not supported well in chair, making it impossible for baby to reach and touch foods
- Chair offers poor overall support
- Baby is almost lying down flat for feeding



POOR POSITIONING

- Baby's head and neck are not well supported
- Chin is tucked too far forward
- Baby's arms and legs are unsupported and splayed away from her body
- Hips are not bent
- Body is facing outward away from her caregiver's body



Remember: Bottles should never be propped during feedings. Bottle propping (i.e., positioning a bottle in a baby's mouth so a caregiver does not need to hold the baby or the bottle during a feeding) has serious consequences such as ear infections, reflux, choking, poor intake and nutrition and impaired skills relating with others. This can be dangerous for a baby and it does not promote positive relationships between caregivers and babies. Never prop a bottle.

BEST POSITIONS FOR BOTTLE FEEDING, SPOON FEEDING AND CUP DRINKING

As babies grow and develop, the position they are fed in will most likely need to change. For example, a newborn baby who is fed a bottle in the cradle position, will eventually sit upright in a high chair for meals when he tries solid foods at 6 months old.



If the current position does not feel right to you or for the baby, it's OK to try a different position. Sometimes caregivers must try multiple positions until they find the just right fit.

Listed below are the most common positions used for feeding babies who are 0-12 months old. Many positions may fit the needs of a single baby.

CRADLE POSITION

HOW TO: Place baby's head in the fold of your arm. Support baby's body with both of your arms and your chest. Keep baby in an elevated position while feeding. Baby's head should be higher than his hips.

BEST FOR: All babies 0-12 months old; bottle feedings

ESPECIALLY GOOD FOR:

- babies 0-6 months old
- babies who need extra postural support (help getting and staying in a good, stable position) that cannot be offered or maintained by a chair
- babies who are best regulated (calmed) when held by caregivers



SIDE-LYING POSITION

HOW TO: Place baby on her side with her body and head rotated out and away from your body. Baby can be placed directly on your lap, on a pillow/cushion or along crossed legs. Gently support baby's head and body using your hands. Baby's head is positioned higher than her hips.

BEST FOR: All babies 0-12 months old; bottle feedings

ESPECIALLY GOOD FOR:

- babies 0-6 months old
- babies who leak liquids from their mouths when feeding
- babies who need a slower pace when feeding (i.e., babies born early, babies with syndromes, babies exposed to alcohol/drugs, etc.)
- babies who spit up frequently or have pain/discomfort with feedings (GER/GERD)
- babies who tire easily during feedings
- babies who have trouble focusing during feedings

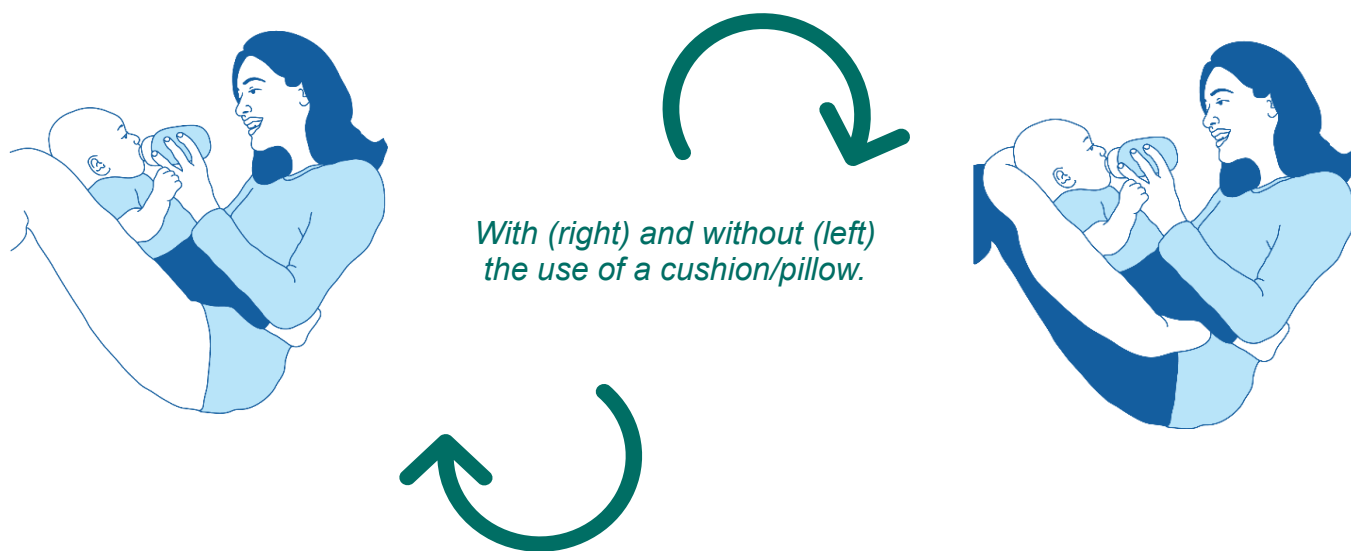
RECLINED POSITION (ON LAP OR ON PILLOWS/CUSHIONS)

HOW TO: Place baby directly on your elevated knees or on a pillow (or towel, cushion, etc.) that is placed on your elevated knees. Baby should be facing you with his head resting on your knees and/or the pillow. Rest your body against a comfortable surface such as a couch, bed or wall with pillows or padding.

BEST FOR: All babies 0-12 months old; bottle feedings

ESPECIALLY GOOD FOR:

- babies 0-6 months old
- babies who spit up frequently or have pain/discomfort with feedings (GER/GERD)
- caregivers who tire easily from holding a baby





UPRIGHT SEATED FORWARD POSITION (IN BABY SEAT/HIGH CHAIR)

HOW TO: Place baby in a well-supported position in a baby seat or high chair. Baby should be facing you in the comfort of the seat. You should be holding the bottle, cup and/or spoon and/or baby can assist with this when able. Using a tray or table with the seat or chair is helpful for encouraging a baby to explore foods and feed himself using fingers, utensils and cups.

BEST FOR: Most babies 6-12 months old; spoon feeding, finger feeding, cup drinking, bottle feedings

ESPECIALLY GOOD FOR:

- babies 6-12 months old who have good head and neck control for sitting upright with little to no support when placed in a chair or seat.

SWADDLING FOR THE BABY^{28,29}

Swaddling is a method for wrapping babies while offering them the benefits of a calming and safe position for feedings and sleep.

REASONS TO SWADDLE:

- A swaddled baby feels like they are in the comfort and security of her mother's belly.
- Swaddling offers warmth and reduces the chance that a baby will be disturbed by her own startle reflex.
- Swaddling feels like a warm hug, is soothing and helps calm babies for eating and sleeping.

HOW TO: Swaddling a baby requires a blanket, towel or cloth that is at least 101 centimeters (40 inches) by 101 centimeters (40 inches) in size. It is recommended to use blankets made of thin and stretchy material for swaddling so that it wraps easily and keeps the baby from getting too hot. There are several ways to swaddle a baby. Find the method that works best for you and for your baby.

BEST FOR: Most babies 0-4 months old; bottle feedings



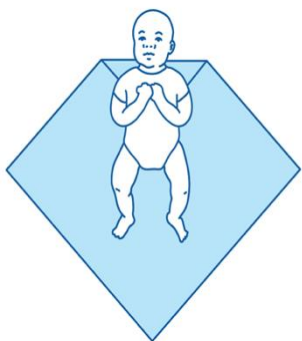
A caregiver holds a beautifully swaddled newborn baby.

ESPECIALLY GOOD FOR:

- babies 0-4 months old
- babies who become overwhelmed during feeding (for example, babies born early, babies with syndromes, babies exposed to alcohol/drugs, etc.)
- babies who have trouble focusing during feedings
- babies who are difficult to calm
- babies who often wake or startle themselves with their own movements

THINGS TO REMEMBER:

- Swaddling is only meant to be used with a baby during the first few months of life (0-4 months).
- Leave ample room for a baby's feet when swaddling to avoid hip injuries and overheating.
- As babies get older, they may do best when swaddled with one arm out.
- If baby is starting to roll onto his tummy, swaddling should be stopped to keep baby safe.
- If baby is breaking free from a swaddle (leading to lose blankets in a crib), swaddling should be stopped or a safer blanket should be used to keep baby safe.
- Some babies do not enjoy being swaddled and alternatives must be found.
- Babies should not be swaddled all day and night – they need time to move their bodies freely so they can grow strong and healthy.
- Swaddling often works well for helping babies become calm enough for sleep.

STEPS FOR SWADDLING A BABY

STEP 1



STEP 2



STEP 3



STEP 4

STEP 1: Lay a blanket on a flat surface in a diamond shape with two corners facing north and south (top and bottom). Fold down the top corner of the blanket about 10 to 16 cm (4 to 6 inches). Place baby on his back on the blanket with his neck on the fold you just made. Gently wrap one side of the blanket across his body. Snugly tuck under his back. Keep his hips loose (slightly bent “frog legs”) and avoid pulling or straightening his legs, which can lead to hip injuries.

STEP 2: Wrap the bottom corner of the blanket up toward the baby's chest and unwrapped shoulder.

STEP 3: Wrap the other side of the blanket around him.

STEP 4: Tuck the corner into the front pocket you've made.



FEEDING POSITIONING CHECKLISTS FOR THE 0-12 MONTHS OLD

Follow these positioning guidelines when feeding babies 0-6 months and 6-12 months old to decrease the risk of aspiration, illness and to increase safety and comfort during feedings.

0-6 MONTH FEEDING POSITIONING CHECKLIST

AT 0-6 MONTHS A BABY'S:

☐ head is centered and in midline position

☐ body is swaddled (0-4 months)

☐ chin is slightly tucked forward

☐ shoulders are naturally rounded

☐ body is supported firmly by a caregiver's body, arms and chest

☐ hips should be lower than the head

6-12 MONTH FEEDING POSITIONING CHECKLIST

AT 6-12 MONTHS A BABY'S:

- ☐ hips should be positioned at 90 degrees and lower than the head
- ☐ body (trunk) should be upright and well supported by caregiver's body or chair - not leaning forward, backward or to either side
- ☐ shoulders should be level and facing forward
- ☐ head is centered and in midline, neutral position with chin slightly tucked
- ☐ knees should be at a 90-degree angle
- ☐ feet flat on floor, foot rests or against caregiver's body



KEY POINTS FOR THIS AGE

Feeding a baby can be much more complex than simply getting a bottle and giving it to a baby. Good positioning can make feedings safe, enjoyable and support development, whereas poor positioning can lead to many challenges for babies and caregivers. Caregivers must be skilled in understanding the essential aspects of correct positioning for feedings so that babies are fed efficiently, safely and comfortably.

IMPORTANT POINTS TO REMEMBER:

- ① Feeding positioning can positively or negatively impact a baby's feeding skills.
- ② The way we position a baby for feedings is very important. The correct level of support a baby is given will increase her success during feedings.
- ③ Caregivers must always consider the key aspects of positioning and a baby's individual strengths and needs in order to choose the best position for feeding.



SECTION 2.4: BEYOND THE MEAL: TIPS FOR SUPPORTING THE CHILD 0-12 MONTHS OLD

The first few months of life are an important time for a baby. Babies are learning so much about themselves and the world around them through their everyday experiences and relationships with their caregivers. In this section, we will share simple ideas to encourage healthy development across all areas of a baby's first year of life – beyond the feedings.

By incorporating these supports for a baby during everyday activities and routines, caregivers can support a baby's development in an efficient way that requires very little extra time. Try adding them into mealtimes, dressing/undressing routines, during diaper changes, bath time, when offering comfort and when providing care for multiple babies at a time (for example, while changing one baby, another baby is enjoying time on the floor near her caregiver).



MOTOR MOVEMENTS

Supporting a baby's motor development is something that can easily be done each and every day. When a baby is able to move her body and explore the world, she is growing both her body and brain. Additionally, supporting a baby's movement directly supports feedings. Strong babies with good motor skills typically have fewer issues with feedings, and issues are able to be resolved more quickly.

MOTOR (PHYSICAL) ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
<p>Tummy Time</p> <p>Modified Tummy Time</p>	<ul style="list-style-type: none"> ⇒ Place baby on her tummy on the floor, on a blanket or on a bed (supervised). ⇒ Offer baby your face, a toy or a mirror to look at during tummy time to make it more enjoyable. ⇒ Roll up a small blanket, towel or cloth and put it under her chest for extra support while she is on her tummy. ⇒ Offer <i>modified tummy time</i> for the baby who is having trouble being on his tummy. Place baby on your chest or on a squishy, soft ball. Baby is still practicing tummy time, but he is not working as hard. ⇒ Small amounts of tummy time practice throughout the day is ideal.

Playtime on Floor	<ul style="list-style-type: none"> ⇒ Encourage daily play on the floor to increase baby's independence in movement. ⇒ Place toys around her when she is laying or sitting on the floor to encourage movement in different directions. ⇒ Encourage baby to have ample and equal time on her back, sides and tummy so she can learn to use all of these important muscles.
Sitting and Standing Play	<ul style="list-style-type: none"> ⇒ Help baby practice sitting upright on the floor and standing upright by offering frequent opportunities for practice. ⇒ Offer different items for him to reach for and offer them from different locations (in front of him, to his left/right sides, slightly elevated in front of him). ⇒ Spend time interacting with him while he is practicing his sitting. ⇒ Having baby sit near you using your body as support is a great way to build his strength. ⇒ Sitting for mealtimes and reaching for food is great practice during the day. ⇒ Stand at a table or couch or chair with her holding on. ⇒ Hold baby upright in a standing position for short bursts while interacting together. ⇒ Hold her hands while in a standing position and help her move forward.
Reaching, Grasping and Letting Go	<ul style="list-style-type: none"> ⇒ Place objects near enough for baby to reach and touch with his hands. ⇒ Try gently tapping baby's hands with an object to encourage reaching and grasping. ⇒ Once baby is grasping objects and letting them drop, encourage him to pick them back up for more practice. ⇒ Objects that hang from "jungle gyms" are great for encouraging reaching and grasping. ⇒ Reaching and grasping finger foods is a perfect time for this type of work.
Finger and Hand Play	<ul style="list-style-type: none"> ⇒ Encourage finger and hand movements using different objects and toys. ⇒ Place small toys into a container, box or bag and let baby move the toys in/out of the container. ⇒ Play with toys that have holes to help her learn how to poke and point with her fingers. ⇒ Play with toys that make loud noises (for example, blocks, pots, pans, instruments, etc.) and encourage banging them together. ⇒ Begin offering finger foods to help baby with using her finger and thumb to pick up items.

This young child is getting strong and having fun by practicing tummy time during playtime on the floor.



PLAY AND LEARNING

Supporting a baby's early play and learning is something that can easily be done each and every day. In fact, the main way babies learn is through play. Therefore, when a baby is able to play, explore objects, interact with others and discover its environment, the baby is growing a strong brain.



DESCRIPTION (WHAT IT LOOKS LIKE)

Watching and Looking	<ul style="list-style-type: none"> ⇒ Place baby under a mobile, jungle gym (or similar items with dangling objects) so she can gaze at different sights. ⇒ Try holding objects in front of baby (about 30 cm [12 inches] from her face), and moving them side to side for baby to follow. ⇒ Move your face from side to side for baby to follow during playtime on the floor or during activities such as diaper changes. ⇒ Hide an object under a cloth and then let baby have fun finding it.
Talking, Singing and Reading	<ul style="list-style-type: none"> ⇒ When together, talk about what you are doing, what baby is doing and what is happening around you and baby. ⇒ Sing songs and share poems or rhymes. ⇒ Read or tell stories. ⇒ Cut out large pictures from magazines or look at bright colored books together. ⇒ Label objects and people you see, and describe what's happening in a picture, a room or outside. ⇒ Name body parts as you dress and undress a baby.
Playtime on Floor	<ul style="list-style-type: none"> ⇒ Play with baby where she is at – on her level – which is most often on the floor. ⇒ Make silly faces and sounds with baby, shake a rattle, look at each other in a mirror during tummy time and play peek-a-boo or patty cake games. ⇒ Babies enjoy playing with bells, balls, rattles, dangling toys, large blocks, tin cups, spoons, pots, pans, teethingers, books with pictures, mirrors, toy cars, stacking cups, squeaky toys, etc.



This young boy is learning so much during playtime on the floor with blocks. He's also practicing sitting up all by himself.



COMMUNICATION AND RELATIONSHIPS

Supporting a baby's early communication and relationships is something that can easily be done each and every day. Positive relationships are the primary way to build strong children and supporting a baby's earliest forms of communication is a wonderful way to nurture relationships between caregivers and babies. When caregivers are deeply connected to babies, babies feel safe, secure and ready to learn and grow.

COMMUNICATION AND RELATIONSHIPS ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
Playtime on Floor	<ul style="list-style-type: none"> ⇒ When together, talk, tell stories, read and sing or hum to baby. ⇒ Make silly faces and sounds together. ⇒ Share special rhymes or poems, look at pictures and play simple games such as peek-a-boo. ⇒ Repeat baby's sounds and encourage talking between the two of you.
Calming and Soothing	<ul style="list-style-type: none"> ⇒ During moments of upset, use the same movements and sounds repeatedly to soothe baby such as rocking, swaying, bouncing, patting, massaging, singing, shushing, etc.
Connecting	<ul style="list-style-type: none"> ⇒ Connect with baby in different ways. Repeat the sounds that baby makes or her faces, such as smiling and sticking her tongue out. ⇒ Take time to gaze at baby during activities such as diaper changes, feedings and bathing. ⇒ Use touch to connect with baby, such as snuggles, hugs, massage, wearing, holding and carrying, etc.
Consistently Care	<ul style="list-style-type: none"> ⇒ When baby expresses upset (for example, hungry, dirty diaper, sick, pain, wanting attention), respond to him consistently and in a timely manner with soothing words and/or touch and physical comfort.

These young children are getting lots of necessary practice moving their bodies while exploring their surroundings with a caring adult and their friends.



KEY POINTS FOR THIS AGE

Being a supportive caregiver means supporting babies not just during mealtimes, but also during all other moments throughout the day. Every activity and routine throughout the baby's day is an opportunity to enhance a baby's life. Use convenient objects from your environment, and offer short, frequent moments throughout the day for activities. Since development is interconnected, often times multiple areas can be supported simultaneously through the incorporation of one simple activity.

IMPORTANT POINTS TO REMEMBER:

- ① All areas of a baby's development are connected. Support in one area can positively impact another area.
- ② Supporting the whole child will also support feeding development.
- ③ Babies will reap the benefits when caregivers find small moments throughout the day to incorporate activities that support total development.