

Weaning your premature baby



Bliss

for babies born too soon,
too small, too sick

Why wean?

**Helps
your baby's
development**

Weaning helps with

- Learning hand-eye coordination
- Practising social skills
- Growth and development

Who can help?

- Your health visitor
- Your baby's dietitian
- Speech and language therapist
- The Bliss helpline

How old should my baby be to start weaning?

It is recommended that weaning starts from anytime around five to eight months from your baby's birth.

“I wasn’t sure when to start weaning as Sophie was so small, but once we managed to position her in her chair, she took to it. Sophie makes a lot of mess but she is learning fast.”

Anna, mum to Sophie, aged ten months

Important notes to readers

The information contained in this booklet should be used in consultation with your health visitor. All babies are different and should be treated as individuals.

National guidelines on feeding infants during the first year are aimed at healthy term babies and acknowledge that premature babies require separate advice. For further information on the latest research on nutrition for premature babies or for any queries regarding weaning your premature baby, please email hello@bliss.org.uk Or call the Bliss helpline on **0500 618140**.

What is weaning?

The gradual introduction of foods that help support your baby’s growth along with their milk.

What types of food do I use?

To start with foods must be thoroughly puréed and runny. After time and with practise, lumpy foods and finger foods can be introduced.

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All ages given in this booklet are calculated from the date your baby was born, no matter how premature that was (unless otherwise stated). This is known as your baby's 'uncorrected' age. A corrected age is the age of your baby from the date your baby was due.

What is weaning?

Weaning is the gradual introduction of solid foods to a baby who's only source of nourishment has been breast milk or baby milk formula.

Why wean?

- Babies reach a point when breast or formula milk no longer supplies all the nutrients they need to grow and develop properly.
- New tastes and textures help encourage babies to eat a good range of foods later on, and ensure that their diet is well balanced.
- Solids help babies to practise lip, tongue and jaw movements.

Why treat premature babies differently?

The process of weaning may take longer in babies born prematurely. This booklet is intended to guide the weaning of healthy premature babies. Babies with ongoing medical conditions that



affect feeding or growth should follow advice from their local medical team.

When to start?

Most babies are ready to wean between five and eight months of age. However, it is best to wait until they are at least three months corrected age so that they can develop enough head control.

Few babies are ready to wean at five months, but you can start to look for signs that your baby may be ready (see next page). Likewise, few babies will need to wait as long as eight months. There are government guidelines recommending that, for most babies, weaning is not advised before six months, however, premature babies are not included in these guidelines.

Is your baby ready?

Look out for these signs:

- Can your baby be easily supported in a sitting position?
- Can your baby hold their head in a stable position?
- Is your baby alert and looking ready for a new type of feeding?
- Is your baby showing interest in other people eating?
- Is feeding from the breast or bottle going well?
- Can your baby bring their hands to their mouth and are they putting things (eg toys) into their mouth?
- Are they making 'munching' (up and down) movements with the mouth when putting things to their mouth?

Some changes are not needed to start weaning:

- Teeth are not needed when babies first start solids
- Babies do not need to reach a certain weight
- Increased number of feeds or night waking is often due to a growth spurt and more milk feeds should be offered first



It is not recommended to wean before five months

Premature babies' digestive systems are usually not developed enough to take solids before five months. Also they may replace milk with less nutritious solids.

If you wean after eight months

You may miss a good time for your baby to begin developing eating skills.

Between five to eight months old, babies are usually willing to try new flavours but as they grow older they can become more reluctant.

Important points to remember

- Never force feed your baby.
- Do not add solids to your baby's bottle. To develop feeding skills properly, it is important for your baby to learn to take solid food separately from liquids.
- Do not add salt to your baby's food or to the water it is cooked in. There is enough salt naturally present in foods.
- Do not give honey to your baby before one year of age, as there is a small risk of tummy infection.
- Do not add sugar to your baby's food.
- Do not add chilli to your baby's food to start off with, but herbs, onion, garlic and spices are okay.
- Give home-cooked foods as much as possible.
- Giving meals variable in taste and later texture will help your child like lots of different foods, and also means that your baby gets a good balance of nutrients.
- Babies do not need or necessarily prefer bland flavours.
- If you would like to give your baby a vegetarian diet, please discuss this with your health visitor.
- Vegan diets are not recommended for infants.
- Whole nuts should not be given to children until the age of five because of the risk of choking.
- If your baby becomes constipated, ask your health visitor for advice. Constipation is quite common in premature babies.
- Eating together with friends or family is a great opportunity to have a special and enjoyable time – watching others eat and joining in is an excellent way for your baby to learn about mealtimes.

Allergies

- Premature babies are at *no more risk* of developing an allergy than term babies.
- If you are breastfeeding, the risk of developing an allergy-like condition called Coeliac Disease will be reduced if you introduce foods containing gluten before you stop breastfeeding.
- It is best to give foods made with wheat (for example bread and pasta), oats, barley and rye between five and seven months.

Preparing for meal times

With a little preparation and patience, meal times can be fun. Don't introduce solids when your baby is very hungry or tired, or when you are rushed or busy.

Some babies can become distracted or uninterested. If your baby does get very hungry and frustrated, give a little milk first and then try solids.

Playing with food is an important part of learning about it and how to eat it, so giving your baby some food to touch and feel is helpful. Make sure you and your baby are comfortable and dressed for a bit of mess, especially when your baby starts becoming more active at meal times; for example, when they begin holding their own spoon and finger feeding.



Baby's positioning for weaning

It is important for your baby to be in a good position to help them take food more easily.

Make sure that your baby can bring their hands together and that they are upright and well supported and able to hold their head up easily. To avoid accidents, your baby should never be left unattended when eating. Although it is okay to feed your baby in your arms to start with, it is better for their development if they are in a seat later on. Use a detachable car seat or bouncy chair and sit opposite so you can make eye contact with your baby.

If your baby finds it difficult to hold their head up use a soft, small towel to help keep the head in line with the body as this will help with eating.

If you are seeing a therapist with experience in child development, they

will give you advice on the best way to support your baby during weaning.

Later on

A highchair with a tray or a seat which attaches to a table is good for feeding, as it encourages your baby to sit upright and feed themselves with their fingers.

Make sure your baby can easily bring their hands to touch food which is in front of them. To avoid your baby slumping when you first start using a highchair, it may help to wrap a towel round their middle or use a small cushion. Insert seats or highchair cushions can be bought separately in baby shops.

Baby's positioning for weaning



the position to avoid



the position to aim for



First foods

Start with one meal a day. Choose a time best for you and your baby. For most babies first foods are smooth and runny and given by spoon.

Baby rice, puréed fruit or vegetables and meat can all be used as first foods. Start with a few teaspoons and gradually build up the amount.

New foods can be tried within the first week and different ones offered every couple of days.

Use home-made foods as often as you can. Shop-bought foods can be used as well, but it is best to have a mixture of shop and home-made food; this will help to introduce the taste of real fruit and vegetables to your baby and help them to like these foods when they are older.

Within one or two weeks you can start to offer two meals a day. Some babies can go faster, some slower. During the first months of weaning milk will continue to be your baby's major source of nutrients. Use your baby's usual milk to mix into solids instead of water.

Home-made foods

Many vegetables, while high in vitamin content, are low in energy so it is good to give them together with a higher energy, starchy vegetable, like potato, sweet potato, yam or cassava.

Cooked, puréed meat or fish can be introduced from early on and mixed with puréed vegetables and baby rice or potato and your baby's usual milk.

Mix stewed soft fruit (apple, plum, pear) with pure baby rice and your baby's usual milk. Remove any fibres and skins if your baby can't manage them to start with. Mashed ripe avocado and banana are very easy and nutritious first foods.

Shop-bought foods

To begin with, use first stage meals in jars, pots or dried. Meat or fish dishes should contain at least 2.5g of protein per 100g, vegetable savouries should contain at least 2g of protein per 100g, and sweet meals at least 1g of protein per 100g. With dried baby food look for the amount per 100g of 'made up' food, not per 100g of dried food.





Dairy

A little grated hard or cream cheese can be added to puréed vegetables. Natural yoghurt, fromage frais or greek yoghurt can be added to vegetable or fruit purées. Remember to choose the full fat varieties.

Puddings

Once your baby has been having three meals a day for a week or so, you can start to offer a savoury course followed by a pudding. Try stewed fruit mixed with fromage frais, custard or baby rice. Use your baby's usual milk to mix with the rice first.

Introducing more foods

After the first few weeks, introduce a wider range of foods and begin to allow some soft lumps. Start encouraging your baby to finger feed. It is useful to give some different flavoured foods separately so babies can find out about different types of food and their distinct flavours.

Butter and fats

Once your baby is eating vegetables, you can add a very small amount of butter, polyunsaturated margarine or vegetable oil; for example, olive oil. Do not use low fat spreads as they are low in energy.



Lumps

You can start offering lumps from around one to two months after starting weaning and all babies should be offered food that is puréed but is lumpy at the very latest by around nine months.

The best way to introduce lumps is to offer finger foods. Introducing lumps by spoon can sometimes be a big step for your baby. Don't put it off, the longer you leave it, the more difficult it may become.

Start offering lumpier food when your baby is close to sitting up without a lot of support, playing with food and putting it in their mouth.

Introduce soft but small lumps; for example, ripe mashed banana or avocado. You can also try very well cooked split peas or lentils mixed with your baby's savoury food.

Try to make lumps the same size and softness.

Your baby may cough, gag or heave a little if they try to swallow a lump whole, it is a way of bringing it back to spit out or chew up properly. This is normal for many babies starting lumps – calmly encourage your baby and assure them that it is okay.

When your baby shows an interest in touching their food, it is important to allow this, as it helps them to learn about how different foods feel and how to eat them. Be prepared for



some mess. If a baby can play with a new lumpy food with their fingers they may be more willing to put it in their mouth and later take it from a spoon. If your baby is finding it very hard to manage lumps discuss this with your health visitor.

When first introducing lumps, try to avoid

- Foods which have small hard lumps within a purée or liquid, as some babies may not be able to control the lumps and runny food in their mouths at the same time. Examples are cereals with milk and some of the powdered and jarred 'stage two' baby foods.
- Be careful with potatoes, if they are not runny enough any lumps within them could cause problems.

Remember; this advice is for the first few weeks after lumps have been introduced. You can move onto the foods mentioned above as your baby progresses with lumps.

Finger foods

Babies enjoy feeding themselves and will often eat better when they feel more in control of their food and are not being spoon fed.

Babies are ready to feed themselves using their fingers when they are putting other things, such as toys, in their mouths. Babies will often take finger foods even though they still gag on lumpy spoonfed foods.

Finger foods that are more solid help develop chewing skills. Try using them now as it may be more difficult to introduce them later on. Using fingers to feed themselves can also help develop your baby's hand-eye coordination.

Finger foods to try

Foods that mash in the mouth easily, for example:

- Ripe, peeled soft fruit, for example banana, pear, and peach.
- Cooked soft vegetables, for example carrot, courgette or parsnip.
- Fingers of buttered toast.
- Thin slices of cheese.
- Well-cooked pasta shapes.

When first introducing finger foods

- Never leave your baby unattended with food.
- Make sure your baby is well supported in their seat.
- Be careful with foods where small hard lumps may break off, for example apples.
- Be careful with foods that don't mash properly and don't break up easily, for example orange segments. Hold onto one end while baby sucks the other.

When your baby starts to reach for the spoon or bowl while you are feeding them, give them a spoon of their own and let them put their hands in the bowl. If they are in a highchair put their food on the tray to allow them to feed themselves.



Family foods

Your baby will gradually be able to make a shift from mashed 'baby foods' to chopped family foods by around 12-18 months.

Choose your child's foods carefully to avoid giving them too much salt; for example, bacon, cheese and packet/processed foods.

Don't add salt to cooking water or add any extra once your baby's food has been cooked and is on the plate. Carry on giving a good variety of foods. This will ensure that your child gets all the nutrients needed to develop and grow well.



Food refusal

Never force an extra mouthful once it is obvious your baby has had enough to eat, and remember meal times should be a time to talk to your baby and have fun. All babies and children will refuse food at some time; this can be for many reasons, for example:

- Food is too hot or too cold.
- Your baby is feeling unwell.
- Your baby is tired.
- Your baby isn't hungry.
- Sharp or bitter tasting food.
- Food may be pushed out due to sucking movements, more mature ways of eating will develop over time.
- Older babies are more likely to resist new foods.

To help your baby enjoy a new food, they don't have to eat large amounts – don't give up until you have tried offering the food at least ten times over five weeks (about two times per week). Even then a food may still be taken at a later time or when offered in a different situation.

Encouraging

It helps to encourage babies to eat when they see other people enjoying food, especially other children. Sometimes a baby will be more willing to try a new food from someone else's plate, a family meal is the perfect time for this to happen.

Look out for your baby's signs of wanting more food or having had enough. With time, they will become easier for you to recognise. Forcing your baby will never help them to like a food. In fact, it will eventually make feeding more difficult and may put them off some foods completely.

Don't forget that children are quick to pick up on their parents' mood and they will take their signals from you.

Keep meal times to a maximum of 30 minutes as much as possible, most food will be eaten by then and prolonging meal times may make your baby bored and restless.

Older babies

Older babies and young children may not want a new food the first time they are given it. This doesn't always mean they don't like it – they may just be wary of it because it's new.

Once your child is older give encouragement when they are eating well or trying new foods, but don't comment on how much they have eaten. If they leave food, try not to worry about this. Just take the food away without drawing attention to it. Babies and young children are good at eating according to their appetite, and if they don't eat much at one meal they will often make up for it at a later meal.





Drinks during the first year and beyond

Breastfeeding is encouraged as long as mum and baby are happy, due to the continued benefits for both. Babies taking baby formula milk should continue this until 15-18 months and then change to whole (full fat) cows milk. Read on for advice about supplements to the various milk feeds available.

If your child is taking a specialised milk, you should take the advice of your local medical team.

Breast milk

Babies who have breast milk as their main drink will need a vitamin D supplement until breastfeeding stops. They will also need an iron supplement until around 12 months of age, but it can be stopped earlier if the weaning diet supplies enough iron.

Post-discharge baby milk formula

This formula is often given while a baby is still on the neonatal unit and is usually continued after discharge. It is designed to give a nutritional intake half way between preterm formula and term formula (ordinary baby milk formula). It provides more minerals and vitamins than a term formula to help babies catch up on nutrients they might be low on at discharge from the neonatal unit; it is not given just for weight gain. Vitamin and iron supplements are usually not needed with this formula. It is available on prescription; most babies only need this milk up to three months corrected age.

Ordinary baby milk formula designed for term babies

If your baby takes this milk on discharge, they may be advised to have vitamin and iron supplements. Carry on with these until advised by your local medical team. If supplements haven't been advised, don't worry this is not always necessary. Follow-on milks are designed for term babies, if you are advised to use one it is best not given before six months corrected age.

Non-milk drinks

Once your baby is on three meals per day, offer cooled boiled water in a beaker or a cup at meal times. This is especially important in hot weather to avoid dehydration and it will help avoid constipation.



If you give your baby juice, make sure it is diluted more than to the manufacturers' advice; for example, just enough to flavour the water, and also give it in a beaker or cup. Be careful not to let your baby drink too much, as some babies will drink more than they need and fill themselves up so they may have a poorer appetite for more nutritious solid food.

Cows' milk

Most babies can drink cows' milk from around 15-18 months. Use full fat cows' milk and give your child daily Healthy Start vitamin drops or a children's vitamin supplement containing vitamins A and D until five years of age (unless you are advised otherwise by a health professional). Healthy Start vitamin drops should be available at low cost from your local baby clinic and are free to those on benefits

Bottle to cup

Using a bottle for too long could cause your baby to have a poorer intake of solid foods and problems with the development of their teeth.

Start offering a free flowing cup from around six to eight months and aim to have your baby off bottles by 12-18 months. It is best to only give milk in a bottle and other drinks by a cup. Avoid using cups that your baby has to suck to drink from; for example, 'any way up' or spill-proof versions, as these still need a sucking action and will not help your baby learn to drink from a normal cup. If you are breastfeeding give any other fluids from a free flowing beaker or cup.

Protecting your baby's teeth

Do not leave bottles of milk in your baby's mouth when they are sleeping. Giving too much fruit juice to your baby may also increase the risk of tooth decay, as fruit juices are often very acidic. It is much better for your baby to get used to drinking water rather than juice to quench their thirst.

Even if your baby doesn't have teeth, you can start cleansing their mouth with a baby brush and a very small amount of toothpaste, especially once foods containing sugar are started. Check with your health visitor about brushing and fluoride supplements.

Special medical requirements

If your baby has developed a long-term illness, for example developmental delay or ongoing gastro-oesophageal reflux, they may have more specific nutritional and/or feeding problems. If so, you may be referred to your local paediatric dietitian or speech and language therapist. If you are not and you feel you need help, make sure you ask your health visitor or doctor who could refer you.

Your baby's growth

Each baby will have their own individual growth pattern, particularly if they have long-term health problems. Many premature babies will be small; some catch up, others don't. For those who don't, this may be perfectly normal for them, as long as they are following their own growth curve.

The best way to see how well your baby is growing is for health professionals to regularly measure weight, length and head circumference. It is important that this is done accurately and at the best time intervals (a common pitfall is doing it too often). Your local baby clinic is the best place for this, ask your health visitor for more information.

Useful information

For a full list of useful organisations please visit

bliss.org.uk/usefulorgs

Please note that the sources listed may contain information which is not necessarily endorsed by Bliss.

Ameda

Personal breastpumps and accessories:

† **0845 009 1789**

w ameda.co.uk

Information leaflets

Help My Child Won't Eat

Help My Child Still Won't Eat

British Dietetic Association

Paediatric Group

5th Floor, Charles House

148/9 Great Charles Street, Queensway

Birmingham B3 3HT

† **0121 200 8080**

e info@bda.uk.com

w bda.uk.com

Recipe ideas

The books below are all available to purchase online

The Big Book of Recipes for Babies, Toddlers and Children

Bridget Wardley and Judy More

Duncan Baird, July 2006

Good Food for kids

Dr Penny Stanway

Hamlyn Publishers, August 2003

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The Community Nurses SIG,
The Paediatric Group of the British Dietetic Association,
The Community Practitioners Health Visitors Association



While every care is taken in providing accurate information, please note that it is of a general nature and that readers should seek professional or expert advice as appropriate to their specific circumstances. Bliss does not accept any liability, including liability for any error or omission.

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