

# Feeding with Love and Good Sense:

The First 2 Years



**Ellyn Satter**

Registered Dietitian and Family Therapist

## **Feeding with Love and Good Sense: The First 2 Years**

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# Feeding with Love and Good Sense:

The First 3 Years

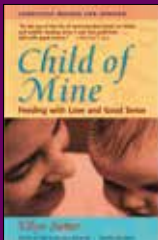
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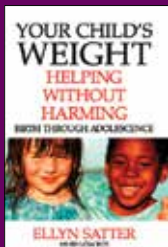
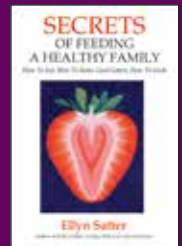
A good feeding relationship with your child starts at day one and makes all the difference between joy or struggle in feeding your child. This short booklet tells you what to do, not why to do it. To find out why and for more information, check out Ellyn Satter's books, videos, and website.

Ellyn Satter, who wrote this booklet, is a registered dietitian and a family therapist. Says Satter, "This booklet and the materials below are based on my decades-long adventures in feeding and eating with parents, children, families, adults, and the caring professionals who work with them."



***Child of Mine: Feeding with Love and Good Sense:*** A warm, supportive, and entertaining book about wise, loving, and tuned-in feeding. Helps you understand your child and feed well from birth through preschool.

***Secrets of Feeding a Healthy Family: How to Eat, How to Raise Good Eaters, How to Cook:*** When family goes out of eating, nutrition suffers. The secret of raising a healthy eater is to love good food, enjoy eating, and teach your child to do the same.



***Your Child's Weight: Helping Without Harming:*** If you are determined to have a slim child, this is not the book for you. On the other hand, if you are willing to do an excellent job with feeding and to let your child grow up with the body that is right for him or her, read on.

***Ellyn Satter's Feeding with Love and Good Sense II Videos:*** Close-up, fascinating footage of real parents and real children in their homes in actual feeding situations shows what works and what doesn't with feeding.



***www.ellynsatterinstitute.org:*** Loads of free stuff about how to feed, how to eat, parents' success stories, and articles. Shopping for Ellyn Satter's books, other booklets in this series, and videos.

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# 1

A good eater  
is a *competent eater*.



## 1. Where you are going with feeding

**Your child's learning to be a good eater starts at birth.** At each step along the way, this booklet addresses your part in his learning—starting with breast- or formula-feeding, going through the steps to learn to eat grown-up food, and joining in with family meals. Step by step, your child learns to eat the food you eat and feel about eating the way you do.

**A good eater is a *competent eater*.**

- **She feels good about eating:** Every child wants to eat and can enjoy eating if she gets the right help. Older children who are good eaters enjoy family meals—and their parents do, too.
- **She eats as much or as little as she needs:** Only she knows how much she needs. Trusting her lets her be healthy and energetic and grow up to have the body that nature intended for her.
- **She eats what you eat with only minor changes:** She is okay with being offered food she has never seen before. She can “sneak up” on new food and learn to like it.


- **She behaves nicely at mealtime:** She picks and chooses from what you provide for the meal. She says “yes, please,” and “no, thank you.” She does not make a fuss.

**You can raise a good eater.**

- Follow the division of responsibility. Doing your jobs with feeding and trusting your child to do his jobs with eating lets him feel and do best—and you, too.
- *Understand your child's development and temperament* (page 6). Feed—and parent—in the way that is right for each stage.
- *Solve feeding problems* (page 32) by applying what you have learned in this booklet.

By 8 to 18 months, your tiny baby will be ready to join in when you have *family-friendly meals* (page 24). From the very first breast- or formula-feeding, to let your child be a good eater, focus on the *quality* of feeding rather than the *quantity* she eats.





Trust your child  
to eat and grow.

## 2. Follow the division of responsibility

The best way to feed your child—no matter her age—is to follow the division of responsibility. As a parent, you provide *structure, support, and opportunities to learn*. Your child chooses *how much* and *whether* to eat from what you provide. The division of responsibility in feeding is *authoritative* parenting: It encourages you to take leadership with feeding and give your child autonomy with eating.

### The division of responsibility for infants

- You are responsible for *what* to feed your child.
- Your child is responsible for *how much* to eat (and everything else).

You choose breastfeeding or formula feeding. Then you help your baby be calm and alert by feeding smoothly and going by information coming from her about when, how often, how fast, and how much.

### The division of responsibility for older babies

- You are still responsible for *what* you feed your child. You are *becoming* responsible for *when* and *where* to feed your child.
- Your child is *still and always* responsible for *how much* and *whether* to eat the foods you offer her.

### The division of responsibility for toddlers through adolescents

- You are responsible for *what, when, and where* to feed your child.
- Your child is responsible for *how much* and *whether* to eat the foods you put before her.

Do your jobs with *feeding*, and trust your child to do her jobs with *eating*.

The division of responsibility applies to the child who was prematurely born, is ill, or has special needs. Sections and stories throughout this booklet address those children.

### Do your feeding jobs:

- Choose and serve the food.
- Provide regular meals and snacks.
- Make eating times pleasant.
- Show your child how to behave at meals.
- Maintain structure. Offer your child water between regular meal- and snack-times but not other drinks or food.
- Let your child grow in her way.

### Trust your child to do her eating jobs:

- She will eat.
- She will eat the amount she needs.
- She will learn to eat the food you eat.
- She will learn to behave well at family meals.
- She will grow up to have the body that is right for her.

**If you follow the division of responsibility in feeding, your child will be a good eater.**

### Trust your child to grow in the best way

Your child has a natural way of growing that is right for her. Her natural growth is in balance with her eating and moving. Maintain the division of responsibility in feeding and in activity (*below*). Trust her to do her part with eating, moving, and growing.

Your child's body shape and size are mostly inherited. Her height and weight are normal for her as long as she grows consistently, even if her growth plots at the extreme upper or lower ends of the growth charts. If her weight or height *abruptly* shifts up or down on her growth chart, it can mean a problem. Consult a health professional who understands the feeding relationship to rule out feeding, health, or parenting problems.

You won't know how your child's body will turn out until she is toward the end of her teen years. Trying to control or change it will likely create the very outcome you are trying to avoid! As long as you keep your nerve and maintain the division of responsibility with feeding and with activity, her growth may surprise you. The fat baby is likely to slim down. The small, ill, or growth-delayed child is likely to continue to do catchup growth well into her teen years and has a good chance of being bigger than you may expect.

### Follow the division of responsibility in activity

Children are born loving their bodies. They are curious about their physical capabilities and inclined to be active in a way that is right for them. Good parenting

with activity preserves those qualities. Parents provide *structure, safety, and opportunities*. Children choose *how much* and *whether* to move and the *manner* of moving.

#### For infants:

- You are responsible for safe *opportunities*.
- Your baby is responsible for *moving*.
- Provide your baby with a variety of positions, clothing, sights, and sounds. Then remain present and let your baby move.

#### For toddlers:

- You are responsible for *structure, safety, and opportunities*.
- Your child is responsible for *how, how much, and whether* she moves.

#### Your jobs:

- Develop your tolerance for commotion—and your judgment about how much is too much.
- Provide safe places for activity your child enjoys.
- Find fun and rewarding family activities.
- Set limits on TV but not on reading, writing, artwork, or other quiet activities.
- Don't let your child have a TV in her room.
- Don't try to entertain your child—let her deal with her own boredom.



# Feeding stories: the first 2 years

Parents who follow the division of responsibility swear by it. Those who are new to it wonder whether it can possibly be right. Here is what parents say about the division of responsibility in feeding.

## The division of responsibility pays off

We have been following the division of responsibility since both our children were born. Recently, we have been eating out more because we have been traveling. Because Henry, age 3, and Clara, age 1, sit with us at dinner each night and eat what we eat, they have been so good in restaurants. For my birthday we went to a nice restaurant, and they did so well it was actually fun. I was so proud of them, and the waiters were impressed!

## Trust your child to grow

Josh was born 2 months prematurely. After we got him home, we followed his lead with his sleeping and eating. It was hard and scary, but during his first 2 months his weight gradually went up toward the third percentile. We felt like such failures when his doctor said he should grow faster! We tried to feed Josh more and more often. We even tried to wake him up to eat, which was almost impossible. After a miserable 4 months, Josh's weight was worse! So, we went back to trusting him, and he went back to gaining weight. Our doctor had kept Josh alive, so we felt bad ignoring her orders. Believing in Josh must have been hard and scary for her, as well.

## Some children are big, and that is okay

When my daughter weighed almost 10 pounds at birth, I thought she would be fat when she grew up. I tried not to let her eat too much, even though she was fussy and hard to settle down. She stayed just as big, and by the time she became a toddler, she begged for food all day long. Then I learned about the division of responsibility and that not letting her eat as much as she wanted made her afraid of going hungry. At first it was scary to let her eat so much, but then her eating settled down. Now she is slimming down. That is fine, but the bottom line is that I like her body just the way it is, and I trust her to grow her way.

## Children with special needs can be trusted

Bobby's newborn blood tests showed he had cystic fibrosis (CF). After he started taking digestive enzymes, his growth climbed to about the thirtieth weight percentile and stayed there. But the CF clinic stressed getting him to the fiftieth percentile, so I tried to feed him more. The more I pressured, the less he ate until he refused his bottle altogether and his weight plummeted. When I heard about the division of responsibility, I thought, "What kind of crazy person would come up with that? Bobby must eat!" But it had helped other parents and children, so I gathered my courage and did it. Within 3 days he began eating again, feeding went back to being a joy, and his growth went back up to the thirtieth percentile. I think the worst was losing my trust in Bobby to do his part with eating. Although Bobby has a "serious" form of CF, he is amazingly healthy.



Cultivate your curiosity.  
Get to know your child.

## 3. Understand your child's development and temperament

During the first 2 years, you and your child go through 3 stages in development. Knowing these stages helps you to understand and trust your child and parent in the best way.

- **Homeostasis:** As a newborn, he learns to be calm and alert. You learn to respect his capabilities, to set aside your agenda, and to follow his lead with feeding.
- **Attachment:** After the first few months, he learns to love and to bond with you. You feel your love for him and show it by paying attention to him and doing what he wants.
- **Separation-individuation:** Toward the middle of the first year and into the second and third years, he learns that he is his own little person, separate from you. You provide structure and limits and then let him do it himself.

### Newborn: the first 8–12 weeks

Your baby does best with being calm and alert when you do what he needs you to do. He comes out of a quiet, dark place into a world full of sights and sounds. To eat well, he needs your help to not be upset by all of the commotion. He shows signs that tell you when he needs to wake up, to sleep, to eat, and to stop eating. Watch for those signs, and do what he needs. You will not spoil him. You cannot spoil a tiny baby.

### Infant: 2–6 months

Your baby is learning to love. You show her you love her by feeding when and how she wants to eat. She still needs help being awake and calm during feeding, but now her main task is bonding with you. You talk and smile, she talks and smiles back, and you keep it going. Or she starts it. When she gets tired or too excited, she looks away. Wait and be quiet—don't chase her, and don't wander off—and she will come back for more! Again, do not worry about spoiling her. You cannot spoil a little baby.

## Older baby: 5–9 months

Your older baby is interested in *things*, and he wants to see what is going on around him. This is the start of separation-individuation. He loves you as much as ever and wants you near, but it is not just the two of you anymore. He will suddenly sit up and look around in the middle of a nipple-feeding. He drains a bottle or breast in a hurry—he has things to do! Your introducing him to solid food goes right along with his interest in *things*.

## Almost-toddler: 7–15 months

Your almost-toddler cares deeply about *doing it herself*. One day, she will suddenly refuse the spoon, grab at it, and refuse foods she has enjoyed before. She will be happiest—and you will too—if you let her feed herself. Let her use her fingers as best she can. Do not try to feed her, or she will fuss and not eat. She is not being naughty. She still loves you and needs you. She still likes the food. In fact, if you let her feed herself, she will eat almost anything.

## Toddler: 11–24 months and beyond

Your toddler learns to be part of the family at the same time as he can still be his own little person. Instead of dropping everything to feed him as you did when he was a baby, establish structure. He will learn to wait a bit to eat so he can join in with family meals. But don't let him wait too long or get too hungry. Give him sit-down snacks between meals. Since he will likely change suddenly from being a *happy-to-eat-anything* almost-toddler to a *picky* toddler, you may think there is something wrong. There isn't. He is just being a toddler.

### ***Don't forget to have fun!***

Enjoy your child, cultivate your curiosity, and take pleasure from watching him grow up. Do not get caught in an agenda for what or how your child will eat or how he will grow, or it will spoil your fun. Do your jobs, then relax. Trust your child to do his part with eating, moving, and growing.

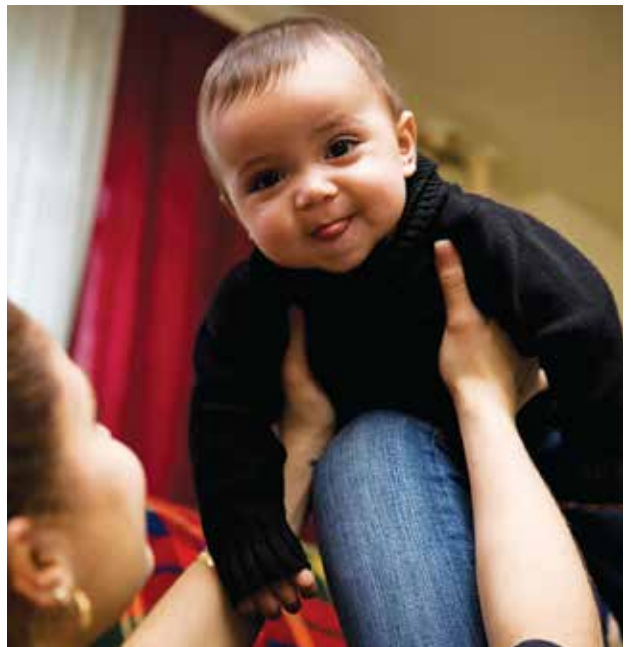
## If your child was prematurely born

**It is harder for a premature baby to become and stay calm and alert.** What happened in the hospital was upsetting for her. On top of that, her nervous system is still not quite mature. It takes time, but you can get on her wavelength with feeding.

**Her developmental stages will come along later and more slowly.** She will master her sleeping and waking, learn to love, and insist on being her own little person the same as any other child. She will just take longer to move from one stage to the next.

## If your child was (is) ill or has special needs

The advice in this booklet applies to you and your child. You can still trust your child to learn and grow. Her developmental stages may come along later and she may master each stage more slowly, but they *will* come along and she *will* master them. You may be told that she can't regulate her food intake and won't grow up with eating like other children, but that is simply not true. You can trust her and follow a division of responsibility in feeding her. At the same time as you must be attentive to medical, developmental, and oromotor issues, your feeding challenges will mostly come about because your child is a *child*, not because she has special needs.



## Your child's temperament

Your baby was born with a certain temperament. You do not cause him to be that way. Get to know him and let yourself love him just the way he is. Understanding his temperament helps you be more patient with him—and with yourself! Keep in mind that he will not always be that way! If you do a good job with feeding, your slow-to-warm-up baby will become more flexible, and your uptight baby will become easier to please.

If your child is:	Here is what you can do to help:
<b>Easy-going:</b> Relaxed, calm, and easy to please with clear signs. Eats and sleeps regularly.	Go by your baby's signs. Know that you can trust him to show you what to do for him.
<b>Slow-to-warm-up:</b> Takes a while to get used to new things. Might not act pleased or happy, even when you get it right.	Do what <i>most</i> babies like, even if it does not seem to work. Offer lots of chances to learn to like new things. Don't get pushy. Stop when he shows signs that he wants to stop, but keep offering chances to learn.
<b>Uptight:</b> Wound up, touchy, and hard to figure out. His signs are not clear, except for being upset, and anything new upsets him! You cannot know ahead of time when he will eat or sleep, be fussy or happy.	Do what <i>most</i> babies like, even if it does not work at first. Keep trying, but know that his getting upset is not your fault or his. Know that he probably will not do the same thing twice. Be as calm and steady as you can. Get help if you need it.

### The difficult baby

The difficult baby is uptight in the extreme. He cries a lot, cries loudly, is very difficult to soothe, and has trouble falling asleep, staying asleep, and waking up enough to eat well. First, some encouragement: difficult babies who are patient at all during the early months and years show the least behavior problems and greatest social skills of all children as first graders. In the meantime, if it *seems* hard it is because it *is* hard. Difficult babies have a lot of trouble establishing homeostasis, trouble that persists for at least the first year and probably longer. Reread what it says on page 6 about *homeostasis* and about the *newborn*. Study the next chapter, *How to feed your newborn and infant*, and do the very best job of feeding you possibly can. Study your child's sleep states and hunger cues and follow them as best you can. Concentrate on the *quality* of feeding, not the *quantity* of food. You will be an advice magnet, so be skeptical of all input, except "I can take him for a few hours." You will be told to stop breastfeeding (or scolded for *not* breastfeeding), encouraged to keep trying formulas or nipples until you find one that "works," advised to put him on a schedule, or told to feed certain amounts. All of these strategies undermine his homeostasis and make the problem worse, not better.

SAMPLE



Your baby eats best  
when you do what she wants.

## 4. How to feed your newborn and infant

**Feed based on *what your baby can do*, not how old *she is*.** Go at your baby's rate. Enjoy cuddling and nipple-feeding. Start solids at the right time: not too early, not too late. Some babies are ready for mushy, semisolid foods from the spoon by 4 or 5 months old. Other babies are months older before they get ready.

During her first year to 18 months, your child moves through 2 phases in feeding:

- The *nipple only* phase for newborns and infants, usually up to about 6 months old.
- The *transition to family meals* phase for older babies and almost-toddlers.

**Do not put cereal in the bottle.** If your baby cannot eat from the spoon, she is not ready for solid foods and does not need the cereal.

When your child:	She is ready for:
<ul style="list-style-type: none"> <li>• Cuddles</li> <li>• Roots for the nipple</li> <li>• Sucks</li> </ul>	<p>➡ Nipple-feeding from the breast or bottle</p>
<ul style="list-style-type: none"> <li>• Sits up—alone or with support</li> <li>• Opens her mouth for the spoon</li> <li>• Closes her lips over the spoon</li> <li>• Keeps most of the food in her mouth</li> <li>• Swallows</li> </ul>	<p>➡ Nipple-feeding from the breast or bottle <i>and</i> ➡ Mushy food that you feed her from the spoon</p>

## Does your baby need to eat, sleep, or talk?

Your baby eats and sleeps best if you do what she wants. Let her sleep until she is ready to get up. Help her wake up to get ready to eat. Feed her right away when she is ready. Help her stay awake through the whole feeding by looking at her, talking quietly to her, and stroking her in a way she likes. Put her to bed when she is sleepy and ready for a nap.

Your baby's sleeping and waking:	Here is what to do:
In <b>quiet sleep</b> , she lies still and breathes deeply and evenly.	Let her sleep. She is sleeping deeply and will sleep for a while.
In <b>active sleep</b> , she moves around, makes sounds, breathes fast or slowly.	Wait to see what happens. She might wake up, or she might go back to quiet sleep again.
<b>Drowsy after sleeping</b> , her eyes are open, but she looks sleepy. She fusses a little.	Wait a bit. If she keeps her eyes open or keeps fussing, get her up. Help her wake up. Hold her. Change her diaper. Talk with her.
<b>Wide awake and calm</b> , her eyes are wide open, she looks bright, and she is relaxed.	Feed her. She will eat best when she is awake and calm.
<b>Drowsy after eating and playing</b> , she looks sleepy and is relaxed.	Put her to bed and let her put herself to sleep. She may fuss a little, but not much.
<b>Upset and crying</b> , she is stiff and looks unhappy.	Comfort her. Help her calm down. Feed her if she wants to eat. She may need to fuss herself to sleep.

### What sleep cycles look like

Sometimes Kari sleeps quietly, but most of the time she snorts and sniffs and thrashes about. I used to jump with every sound, and when she was quiet, I kept checking to be sure she was still breathing! At first, I picked her up as soon as she cried, but she was too sleepy to eat well or she got really fussy. It turns out she was in active sleep and I was interrupting her sleep cycle. When she is ready to wake up, her eyes stay open, and she has a certain kind of cry. She quiets right down when I pick her up and by the time I change her diaper, she is wide awake and ready to eat. She eats well and doesn't get fussy. Afterwards, she stays awake a while, and when she gets drowsy, I put her down and she puts herself to sleep. She fusses a bit, but it seems more like she is singing herself to sleep than really crying.

## Feed so your baby can eat well

Your baby eats best and feels best about you—and about eating—when you pay attention to her and do what she wants. Guide feeding by paying attention to her signs of hunger and fullness. Newborns usually eat every 2 hours, but keep the timing right for your baby by making each feeding as good as can be. Read her sleep and awake signs. Help her stay calm and awake while she eats.

### What to do at the *start* of a feeding

- ***Feed when she wants to eat and is wide awake and calm.***

Don't try to feed her on a schedule or when you think of it. Don't feed when she is drowsy or upset.

- ***Ask her to open her mouth by touching her cheek or lips or showing her the nipple.***

Don't pry open her mouth. Don't plop in the nipple when she yawns, laughs, or cries.

### What to do *during* a feeding

- ***Keep her head, back, and shoulders in a straight line; keep the bottle nipple filled.***

Don't let her body twist or droop. Don't let her suck an empty nipple. Don't prop the bottle.

- ***Sit still; keep the feeding smooth and steady.***

Don't jiggle her or jiggle the breast or bottle. Don't stop feeding to wipe, burp, or play. When she needs burping, she stops eating and looks uncomfortable.

- ***Let her eat her way—fast or slowly, steady, or start and stop.***

Don't make her hurry up or slow down.

- ***Talk to her or touch her in a way that she likes and that helps her to stay awake.***

Don't talk loudly or in an unpleasant voice. Don't jiggle or tickle.

### What to do at the *end* of a feeding

- ***Let her eat a lot or a little.*** Don't make her eat a certain amount.

- ***Let her rest for a bit and then offer the nipple again to see whether she wants to eat more.***

Don't assume she is full if she stops and looks around. She may want to look at you or rest.

- ***Work toward having her be awake at the end of the feeding.***

Don't deliberately feed her to sleep.

### What to do *after* a feeding

- ***Talk or play a while; keep her close while you eat or go about your day; put her to bed when she is calm and drowsy and let her put herself to sleep.***

Don't wait until she is upset and fussy to put her down. Don't routinely rock, walk, or feed her to sleep.

## If your baby was born prematurely, is ill, or has special needs

Because of hospital procedures that were done to her mouth, your baby is likely to be touchy about eating. It also will be hard to read her signs. Her prematurity or special needs may make her seem slow to warm up or even uptight. You can get on her wavelength, but it takes time. Even though she is tiny or ill, she can show you when she is hungry and when she is full.

It is hard for your baby to wake up. Once she is awake, it is hard for her to become calm and alert. Once she is calm and alert, it is easy for her to slip into being upset. You will be able to help her with all of this, but it is challenging.

### Helping your baby do a good job with eating:

- **Use nipples and formula the same way all the time.**

If she is still in the hospital, try to see that she gets a chance to nipple-feed or at least to suck on a pacifier. If she is tube-fed, hold her and let her suck on a nipple at the same time. Settle on one type of nipple, and then use it all the time. Use the formula your health worker recommends. Unless you *have* to, don't switch from one formula to another.

- **Don't follow a schedule or try to get your baby to eat a certain amount.**

Concentrate on the *quality* of feeding rather than the *quantity* she eats. Your baby will eat best when you make each feeding as good as it can be. Study her sleeping and waking to learn her special cues. Be especially quiet, slow, and low-key with her. Do your best to follow her feeding cues.

- **Look for your baby's hard-to-understand feeding signals.**

She may show she is hungry (or full) by losing interest in talking and playing, getting fussy, becoming stiff or arching her back, or going to sleep. Follow her signs as best you can. Think about what happened before and between feedings to help figure out what her signs mean. Over time, her signs will become more readable, and you will get good at reading them.

- **Let her be in control.**

Wait to feed until she is quiet and alert and shows you she is hungry. Touch her cheek or show her the nipple and wait for her to open her mouth. Stop feeding when she shows you she is full.

- **Don't be in a hurry to start solids.**

It may be weeks before nipple-feeding goes smoothly. Take time to enjoy it before you move on to the next step. *Offer solids based on what your baby can do, not how old she is* (page 18).



# Feeding stories: the newborn or infant

Every baby is different. Let your baby eat how he wants.

## The baby who knew how

Sena was born knowing how to nurse, and her mother thought she had the touch! Sena was settled and relaxed, she had a good suck, and there was plenty of breastmilk. She slept well and woke up every three or four hours to eat again. But Tommy was a whole different story! He never did the same thing twice, needed help learning how to latch on and to suck, and had trouble sleeping and waking up. Even though she was experienced, his mother still had a lot of learning to do.

## The hungry baby

Lucy's mother thought her baby was done eating when she finished her bottle. But Lucy would fuss and be unhappy at the end of feedings. When her mother learned of the division of responsibility, she realized that Lucy was still hungry. She made Lucy another bottle so she could eat as much as she wanted. Lucy grew better and was happier—and so was her mother!

## Big babies know how to eat and grow

Joseph's mother was told to restrict her chubby, fast-growing, 3-month-old baby to 5 rather than his usual 7 or 8 breastfeedings a day. So she postponed feeding until Joseph got so upset that she *had* to give in and feed him. But her breastmilk started drying up and they were both unhappy, so she went back to feeding him on demand. Feeding went back to being great, but she worried a lot that not following doctor's orders would make Joseph fat. She was glad she had followed her own instincts when she learned that not giving her baby enough to eat was likely to make him fatter rather than thinner.

## Tiny babies know how to eat and grow

Margene was born 3 weeks early, and her weight plotted below the third percentile. She ate every 2 or 3 hours, had lots of wet diapers, and had 5 or 6 poops a day. But her doctor said she was *failing to thrive*, (a serious diagnosis that means a child is eating and growing poorly) and told her mother to give her formula after every breastfeeding. After that, breastfeeding didn't go so well. Margene grew, but she didn't do any catchup growing, and feeding was such a worry and hassle! Margene's parents were upset when they found out that all the hassle probably made Margene eat and grow less well, not better. But they were glad to know they could go back to trusting Margene to eat and grow. They guessed that tiny babies scare everyone, even doctors with lots of experience, and scared people tend to put pressure on feeding.

### ***Start now with family meals***

Even a newborn can join in with family meals when you prop her up safely nearby or hold her while you eat. Have family-friendly meals (page 24), starting right now. Within months, your baby will be ready to join you!

## Breastfeeding and formula-feeding

When you follow the division of responsibility, babies get their nutritional and emotional needs met with both breastfeeding and formula-feeding. With both, babies grow up to be healthy, intelligent, and thin, fat, or in between. To do a good job with either breastfeeding or formula-feeding, be comfortable with your feeding method. Don't let anybody else decide for you. You know yourself and your baby best, and you can rely on your own judgment. To help you decide, learn about breastfeeding. Talk with someone who has breastfed. Try breastfeeding at first. Get help if you need it. If you like it (or it is even just okay) and if your breastfeeding partnership with your baby works, breastfeed. If you don't like it and/or it doesn't work, you don't have to breastfeed.

## How to breastfeed

Breastfeeding takes some learning. Here is what you need to know:

- Your baby can nurse right away, and gets the colostrum your breasts make at first.
- Your breastmilk comes in when your baby is 2 to 5 days old. At first there may be too much, but soon you will make only as much as your baby empties from your breasts.
- Your breast makes the milk higher up and “lets down” the milk into the nipple. Your breasts may or may not tingle when your milk lets down.
- You will know your baby is getting milk. You can see and hear her swallow, and you can see her pees and poops. Look for six to eight wet diapers a day and many poopy ones.
- You will know whether your baby is not eating enough. There will not be enough pees and poops, and she will not gain weight. Concentrate on making each feeding better, not on getting more into her. Read her sleep and awake signs. Talk with her in a voice she likes to help her stay awake, calm, and alert while she eats.
- There will be some hungry days when your baby nurses more and your breastmilk supply catches up.

## Feed yourself so you can breastfeed your baby

- Have regular meals with food you enjoy. You need energy to make breastmilk and to take care of your baby and yourself.
- Keep drinks with caffeine down to one or two a day. More can make your baby jittery.
- Keep alcohol down to one drink a day. Wait 2 hours before you breastfeed.
- If your baby gets stomachaches easily, try cutting out cabbage, cauliflower, broccoli, or collard greens. You might also have to stay away from cooked dried beans.

## Vitamin D and fluoride

- Talk with your health care provider about whether your baby needs supplements of fluoride or vitamin D.

## Hungry days

Your baby will have hungry days as she grows and needs more breastmilk. Some babies have one hungry day a week. Some have two hungry days every several weeks. Some seem hungry all the time! Hungry days can be tough, tiring days. Even if you don't have much milk, your baby's sucking more tells your breasts to make more milk. Let her eat every hour or two—or more often—even if she does not get much. After a day or two, your breasts will make more milk. Pumping breastmilk and feeding it from a bottle doesn't stimulate breasts any more or give your baby any more milk.



## How to feed from the bottle

Whether you put formula or breastmilk in the bottle, bottle-feeding takes some learning. Here is what you need to know:

- **Be consistent:** Your baby knows the world through her mouth. She gets attached to the taste, feel, and temperature of her feedings. Change upsets her.
- **Use standard baby formula:** You can buy it in the grocery store, drug store, or discount store. Measure and mix just as it says on the label. Don't measure in bottles with plastic liners.
- **Use easy-to-clean bottles:** Avoid fancy shapes. Use glass bottles, or use plastic bottles or liners made with nontoxic materials.
- **Use one type of nipple and check that it works right:** Pick one nipple shape and use it all the time. Turn the bottle upside down to see that drops come out one right after the other but not in a steady stream.
- **Keep nipples and bottles clean:** Scrub in hot soapy water and rinse them well. For the first month, boil nipples, bottles, and the water used for mixing formula for 3 minutes.
- **Make sure the water is safe:** Have home wells tested.
- **Refrigerate formula after you open it:** This applies to powdered as well as liquid formula. Throw away any formula left in the bottle after a feeding.
- **Change gradually:** If you have to change formulas or change from breastmilk to formula, do it gradually. For a day or two, mix 1 ounce of the new with 6 to 8 ounces of the old. Then for a day or two, use 2 ounces of the new, and so on, until you have made the change.
- **Have regular meals with food you enjoy:** You need energy to take care of your baby and yourself.
- **Fluoride:** Talk with your health care provider about whether your baby needs a fluoride supplement.



Your baby eats best when you do what she wants.

## Teaching your breastfed baby to take a bottle

Even if you prefer to breastfeed only, you may sometimes need to use a bottle. By the time she is 4 to 6 weeks old, your baby will be so good at breastfeeding that teaching her to suck from a bottle will not confuse her. She will learn to switch easily between breast and bottle. But she does need time to get used to the idea. Here is how to help her:

- **Get ready:** Put a small amount of pumped breastmilk\* or formula in the bottle. Have your baby be a little hungry but not so hungry she is desperate to eat. Have someone besides Mom offer the bottle so your baby does not expect to breastfeed.
- **Be patient:** Plan on at least 10 practice sessions before your baby takes even a few swallows. She has a lot to learn. The rubber nipple does not feel like a breast nipple. To work the rubber nipple, she has to suck and swallow in a whole different way. If there is formula in the bottle, it tastes different from breastmilk. Don't get pushy or it will slow her learning.
- **Be consistent:** Pick out one type of nipple, formula, and bottle and use them all the time. Don't switch around. Each switch requires more learning.
- **Introduce the new nipple:** Touch the nipple to her cheek or lip and let her open her mouth. After she opens her mouth, squeeze a drop on the nipple. Place the nipple gently in her mouth and let her decide what to do with it.
- **Do what she wants:** She might or might not open her mouth for the nipple, and she might or might not try to suck. Stop right away when she shows you she wants to stop.
- **Understand how she learns:** She will not do, not do, not do, and then she will do. Don't get pushy. Just keep giving her chances to learn.

\*For more information about storing breastmilk, check out the breastfeeding chapter in *Child of Mine: Feeding with Love and Good Sense*.

### To heat or not to heat?

Either warm or cold is fine, but do it the same way every time. To heat it, put the bottle of formula in a pan of hot water or hold it under hot running water. *Microwaving is not recommended.* If you do it, be extra careful. Microwaving causes hot spots that could burn your baby:

- Leave the nipple or cap *off* the bottle during microwaving.
- Heat 4-ounce bottles no more than 30 seconds, and heat 8-ounce bottles no more than 45 seconds.
- Put the nipple on and turn the bottle upside down 10 times to mix the hot and cold spots.

Whichever method you use to heat the formula, test the temperature by putting a few drops on the inside of your wrist. If it is the right temperature, you will not be able to feel it. If it feels hot, it is *too* hot.



Drops should follow closely, but not be a steady stream.



Feed based on what your  
child can *do*, not how  
old he is.

## 5. How to feed your older baby and toddler

### Make the transition to family meals.

Once you start solid food, feeding continuously changes until your child finger-feeds himself and joins in with family meals. You build on his increased regularity with eating to move away from the demand feeding of infancy to the meals-plus-snacks routine of the older child.

### Offer solids based on what your baby can do, not how old he is.

Ignore rules about when to start and progress solids and what to feed. Rules about feeding make you ignore your baby and doubt your own judgment. Many babies show the signs of readiness to start solid foods by 5 or 6 months, move quickly through thicker, lumpier food and finger food, and have the finger and mouth skills to feed themselves step 4 family food at family meals by age 7 to 10 months. Others may start at about the usual time but take it more slowly and get to step 4 when they are in their second or even third year. Still others can't be bothered with spoon-feeding and wait to eat solid foods until they can finger-feed themselves family food.

### Cultivate your curiosity.

How will your baby move through this process? Will he *love* spoon-feeding, like Jonathan, or not want to be bothered, like Sebastian? See *Feeding stories: starting solid foods* (page 21). Or will he be somewhere in between? However he does it is right, so relax and enjoy it.

When your child:	She is ready for:
<ul style="list-style-type: none"> <li>• Cuddles</li> <li>• Roots for the nipple</li> <li>• Sucks</li> </ul>	Nipple-feeding from the breast or bottle
<ul style="list-style-type: none"> <li>• Sits up—alone or with support</li> <li>• Opens his mouth for the spoon</li> <li>• Closes his lips over the spoon</li> <li>• Keeps most of the food in his mouth</li> <li>• Swallows</li> </ul>	Nipple-feeding from the breast or bottle <i>and</i> Mushy food that you feed him from the spoon
<ul style="list-style-type: none"> <li>• Picks up food but cannot let go</li> <li>• Keeps food in his mouth instead of swallowing right away</li> <li>• Moves the food to his jaws</li> <li>• Munches the food</li> </ul>	Breastmilk or formula from the nipple or cup <i>and</i> Step 2 food: Thicker, lumpier food that you feed from the spoon
<ul style="list-style-type: none"> <li>• Closes his lips around the rim of the cup</li> <li>• Picks up food, puts it in his mouth</li> <li>• Bites off food</li> <li>• Chews</li> <li>• Gags some but does not choke (if he can breathe he is gagging and not choking)</li> </ul>	Breastmilk, formula, or juice that you give him from the cup <i>and</i> Step 3 food: Small pieces of soft finger food and foods he bites or breaks off with his gums
<ul style="list-style-type: none"> <li>• Uses his fingers to pick up food</li> <li>• Can chew and swallow</li> <li>• Can join in with family meals</li> </ul>	Whole pasteurized milk from the cup <i>and</i> Step 4 food: Easy-to-chew and easy-to-swallow grown-up food

## Getting to grown-up food: steps 1 and 2

Easy does it! You are starting solid food not because your baby *has* to have it, but to support his oral-motor development. Step 1 food teaches him to use his mouth to get food from the spoon and swallow it. Step 2 food teaches him to use his tongue to push lumps between his jaws and mush them. Don't worry if he does not have teeth. He does just fine with his gums.

- ***Feed him when he is a little hungry, between breasts or after part of a bottle.***  
Don't let him get too hungry or he will get upset.
- ***Pick one mushy food to start with and stick with it for a while.***  
Don't surprise him with new food too often.
- ***Sit him up in a high chair with his head facing straight forward so he can swallow well; maybe prop him up with pillows.***  
Don't have him leaning back or lying down. Don't make him turn his head to see or to reach the spoon.
- ***Sit right in front of him; hold the spoon about a foot away from his mouth.***  
Don't hold the spoon so close it feels pushy or so far away he cannot see it well.
- ***Wait to see whether he opens his mouth; put food on his lip.***  
Don't pry his lips open with the spoon. Don't plop the food in before he is ready.
- ***Feed the way he wants to eat—a little or a lot, fast or slow.***  
Don't make him hurry up or slow down. Don't stop feeding before he shows he is done.
- ***Look at him; pay attention to him; talk to him kindly and quietly.***  
Don't talk a lot, play, sing, watch TV. On the other hand, don't just sit there.
- ***Let him feed himself if he wants, even if he grabs the spoon or smears food.***  
Don't worry if he does not get much in his mouth.
- ***Stop when he shows you he is done, even if he did not eat.***  
Don't try to get him to eat when he turns away, closes up, or fusses.

### ***Don't panic about gagging, but avoid choking***

Gagging is a normal part of learning to eat. A child gags when food slips to the back of his tongue before he is ready to swallow. Choking is dangerous. It closes off the windpipe so your child cannot breathe. Have your health-care provider teach you first aid for choking. Feed to avoid choking:

- Teach him step by step to eat solid food.
- Wait to give steps 3 and 4 food until his mouth is ready.
- Always have a grown-up with him when he eats. Don't leave older children in charge.
- Keep eating times calm and quiet. Have him sit down when he eats.
- Avoid round foods and hard foods that can plug up his windpipe. (See Step 3: *Finger food* page 30)
- Don't let him go to bed with a bottle, cup, or food.

# Feeding stories: starting solid foods

Every child learns to eat differently. All of these children became good eaters, because their parents trusted that they knew what they were doing and that eventually they would get around to eating.

## **“Fast” learner Jonathan**

After his first bite of cereal, Jonathan put up a tremendous fuss. He yelled and cried with his mouth full and between bites. After some trial and error, his mother figured out he was insisting on “more, faster.”

## **Prematurely born Archie**

Archie was nine months old before he showed signs of solids readiness. He scowled ferociously and gagged pitifully the first time he got a tiny bit of cereal in his mouth. His mother stopped with that tiny bit, and the next day he scowled and gagged less and took a bit more.

## **“I will do it myself” Clara**

Clara liked her cereal well enough but only if she was allowed to hold the spoon. She would suck it off, then surrender it and allow it to be refilled.

## **“Let me at it” India**

At 5-and-a-half months, India ate happily from the spoon. At 7 months, she refused to open up for it. Her mother thickened her baby cereal and put it on the high-chair tray. India figured out how to lower her mouth to the edge of the tray and scoop cereal in with whatever was handy—her hand, her arm, a spoon.

## **“Don’t bother me” Sebastian**

Sebastian was not interested in eating from the spoon, although he would smear globs of baby cereal around on his high-chair tray. He got in his mouth only what he sucked off his fingers. Once he tried India’s method, but it did not interest him.

## **“Let’s skip this kid stuff” Jenny**

Jenny never did get around to eating semisolid food, even though her parents tried all the methods. She took an interest only when she could gum and swallow pieces of soft foods the grown-ups were eating. In fact, pizza was her big breakthrough!

## **“I am too full to eat” Christopher**

Ten-month-old Christopher was not interested in being at the table or eating solid food. He was overdosing on nipple-feeding—every two or three hours, when he got upset about something, and twice at night. His parents worked toward using nipple-feedings for scheduled snacks and waited to nipple-feed until after meals. After that, Christopher caught on to eating family meals, and he ate so much he wasn’t interested in after-meal nipple feedings.



## Getting to grown-up food: steps 3 and 4

Eating step 3 food (soft finger food) and step 4 food (easy-to-chew grown-up food) lets your child join in with family meals and eat what everyone else is eating. Step 3 is the introduction phase, where you try your child out on first one and then another food and watch to be sure it doesn't make him sick. You enter step 3 when, along with spoon-feeding, you put a few Cheerios and soft pieces of other food on his high-chair tray and let him try to pick them up and eat them. You are in step 4 when you realize he is eating almost everything you eat and you can bring him up to the table!

As your child eats more solid food, he will lose interest in the breast or bottle. Work toward the meals-plus-snacks routine by offering food every 2 to 3 hours, with 3 meals a day and snacks between times. Don't wait for teeth. He does just fine with his gums.

### What to do at the start of a feeding

- **Time snacks and nipple-feedings so he can be hungry but not starved at mealtimes; snacks can be nipple-feedings or "big-boy" snacks.** Don't let him panhandle for breastfeedings or eat or drink on the run. Don't let him drink anything except water in between times.
- **Have meals and snacks be your idea.** Don't wait for him to say "I'm hungry" before you offer meals and snacks.
- **Keep making food you enjoy; sooner or later he will learn to eat most foods.** Don't cook for him; cook for yourself. Don't ask him what he wants you to make; that is your job, and he is too little to know. Don't try in any way to make him eat—eating is his job.

### What to do during a feeding

- **Give him a tablespoon or two of each food; let him have more if he wants.** Don't give him a lot or not enough. Don't make him eat one food before he can have another.
- **Eat with him; enjoy your own meal or snack.** Don't go off and leave him while he eats.
- **Let him eat his way—much or little, fast or slowly, fingers or spoon.** Don't hurry him up or slow him down. Don't make him eat more or less.
- **Talk about something else besides the food and his eating.** Don't praise or scold him about his eating.
- **Be good company; talk and answer; be easy-going.** Don't ignore him, but don't make him the center of attention either. Don't watch TV, text, or make phone calls. Don't fuss at him for spills.
- **Teach him to behave so you can have a nice meal; excuse him when he is done.** Don't put up with bad behavior or make him stay at the meal in hopes he will eat.

### Baby-led weaning

The book, *Baby-Led Weaning*, urges skipping spoon-feeding of steps 1 and 2 foods and introducing solids when a baby can finger-feed herself sticks of soft food (teething biscuits or specially made food from recipes in the book). Know your baby. To do her oral-motor learning, she may need to mosey through the steps and be introduced gradually to tastes and textures. On the other hand, she might only take an interest in solid food when she is allowed to feed herself. Or she might be somewhere in between. However she does it, she *will* learn to eat family food, and she *will* join in with family meals.

# Feeding stories: the almost-toddler

When you follow the division of responsibility, the way your child eats step 3 and step 4 foods (pages 30 and 31) is likely to be fun, messy, and quirky. Enjoy it!

## Mary wanted to eat what her parents ate

Eight-month-old Mary watched her parents eat and moved her mouth while they chewed. She loved chasing Cheerios around on her high-chair tray and gummed strips of toast. She was ready for more, but her parents felt that their pizza, hamburgers, fries, and burritos were not good for her. They were surprised to learn that toddlers who eat family foods have better nutrition than those who eat baby foods. So, Mary's parents learned to cool down their pizza and cut it into bite-sized pieces, to cut strips of hamburger for her, and to give her French fries that were not too crisp. They cut up fried chicken, burritos, and barbeque. Since Mary was eating what her parents usually ate, it was easy for them to add soft fruits and cooked vegetables. Mary loved it all.

## Tobin wanted to do it himself

Thirteen-month-old Tobin was born with cognitive limitations and skeletal malformations. He did fine on nipple-feeding, but feeding him solid foods was "an all-day job," and he gagged a lot. So, instead of feeding Tobin separately, his parents decided to include him in family meals. They brought him to the table, propped him up in his high chair, and put small pieces of food in front of him. Tobin's face brightened up, he zeroed in on the food, and he struggled to pick it up. He quickly developed the muscle control he needed to feed himself, chew, and swallow, and he stopped gagging.

## Isaac loved butter

Isaac got the idea of eating family meals when he discovered butter. He licked it off his bread and ate it like cheese when he could get his hands on it. His parents learned that recently weaned children eat butter because they need the calories. So, they let him have a piece of butter, which he enjoyed thoroughly, and that enjoyment helped him learn to eat other foods, including fruits and vegetables. Then one day, he stopped eating butter. He didn't need that many calories any more.

## Adele loved to eat

Fourteen-month-old Adele *loved* to eat! She was the first to come to the family table and the last one to leave. While she ate, she seemed filled with delight and even moaned softly! Adele's parents were amused by her eating, but they did not make an issue about it because they did not want to spoil it for her. They also loved her chubby little body. They could see that Adele was strong and active and that she knew what she was doing with her eating and growing.

## Annie had known hunger

Annie, adopted from another country when she was 14 months old, ate like a starving person and ate a *lot*. Annie's parents understood that she had known hunger and desperately needed to be reassured that she would get enough to eat. They followed a division of responsibility, offered plenty of filling and enjoyable food at planned meals and snacks, let her eat as much as she wanted, and kept their nerve through her gobbling and occasional vomiting. When Annie begged for food between times, they reassured her, "it will soon be time to eat, and then you can have as much as you want." Annie recovered from her terror, began eating at a more moderate pace, and stopped throwing up.

## Have family-friendly meals

Your almost-toddler or toddler needs structure with food the same as with everything else in his life. He also needs to have control. To provide structure, have family meals and sit-down snacks. To give him control, let him decide what and how much to eat at those times.

A family meal is when you all sit facing one another and share the same food. You do not need a table—a blanket on the floor will do—and the food does not have to be fancy. You can cook from scratch, defrost it in the microwave, have food delivered, or order at a fast-food restaurant.

Get started with family meals by changing the *how* first; think about the *what* later—lots later. Make meals your idea—don't just offer them when somebody else wants something to eat. Remember whose meal it is. Prepare food you enjoy, and know that sooner or later your child will eat almost everything you eat.

### First, get the meal habit.

- Eat what you are eating now. Just have it at regular meal- and snack-times.
- Round up the family to eat together.
- Let everyone decide what and how much to eat from what you provide for the meal.
- Make mealtimes pleasant. Talk and enjoy each other. Don't scold or fight.

### After that, you might crave a little variety.

- Add on foods; don't take them away.
- Include one or two foods that each person (generally) likes and can fill up on, such as bread.
- Include fat when you cook and at mealtime to make food taste good. Fat with food also keeps you from getting hungry right away.
- Let everyone—including you—pick and choose from what is in the meal and eat what tastes good.
- Don't try to please all the eaters with every food. Don't get pushy with feeding.

## Then you might be ready to do some planning.

- Include all the food groups: Meat or other protein; grains; fruit or vegetable or both; and milk. Also include fatty foods such as butter, salad dressing, or gravy.
- Because grains are easy to like and good to fill up on, be particularly careful to include plenty of “bread” or whatever your family considers bread: sliced bread, tortillas, pita, Indian flat bread, Asian pancakes or wraps, cornbread, biscuits, crackers, rice, or pasta. Although potatoes and corn are vegetables, they can go on this list.
- Pair familiar food with unfamiliar, favorite with not-so-favorite.

For more about providing family-friendly meals, see *Secrets of Feeding a Healthy Family: How to Eat, How to Raise Good Eaters, How to Cook*.

### Drinking and eating on the go: Sippy cups, food pouches, and snack traps

Keep your feeding goal in mind: Helping your child to *grow up to be a good eater* (page 1), *not* getting-food-into-your-child *right now*. It doesn't matter if the food in the pouch, on-the-go cup (or bottle), or snack gadget is nutritious or even *organic*. Your child won't learn to be a good eater, and in the long run, his nutrition will suffer. Like other children, your child is likely to *love* slurping and munching on the go. But if you let him, expect this: He will have trouble knowing how much he needs to eat and may eat too little and grow too slowly or eat too much and grow too fast. He will behave poorly at family meals because he isn't hungry and can't be bothered. He won't learn to eat the food you eat because *his* special food, delivered in *his* special way, is more to his liking.

## The toddler's eating is quirky

The toddler's quirky eating puts a lot of pressure on parents to make errors in feeding. After loving to eat as an almost-toddler, the toddler suddenly becomes skeptical about new food (even if you know he has eaten it before), eats less (because he grows more slowly), and says “no” to food (often at the same time as he eats it). He refuses meals, begs for cookies right after, and then has a tantrum when you refuse. After the storm, he likes you better than ever. Hang in there! He will eat what the rest of the family eats, but it has to be *his* idea.

### Toddlers eat what they need.

Provided you maintain the structure of meals and snacks, over a week or two your toddler eats what he needs and eats enough to grow well. He can learn to like new food. With your maintaining the division of responsibility in feeding (and a few showdowns), he behaves at mealtime so you enjoy having him there. Here is what a toddler's competent eating looks like:

- **Erratic:** At times, he will not eat much—a few tastes, swallows, finger fulls, or bites. Other times, he will eat more than you can imagine.
- **Picky:** He won't eat some of everything in the meal but only one or two foods.
- **Fickle:** What he eats one day, he ignores another.
- **Cautious:** If he has not seen it before (or *thinks* he has not), he probably will not eat it. But he sneaks up on it. He watches you eat it, looks at it, puts it in his mouth, and takes it out again.
- **Messy:** He drops food, smears it, gets it all over his face, and makes his place look like a disaster area.

### Have family-friendly meals (page 24).

Eat with your child; don't just feed him. *Avoid pressure* (page 36). Your getting pushy will slow down his learning rather than speed it up.

#### *Avoid common feeding mistakes*

- **Limiting the menu to the things he accepts:** He is learning to eat the food *you* eat.
- **Playing games to get him to eat:** He will play games right back. You will do all sorts of embarrassing things—and he still will not eat.
- **Keeping him at the table when he shows he is done in hopes he will eat more:** He *won't* eat more, he *will* behave badly, and he *will* learn to dislike family meals.
- **Short-order cooking; asking him what he wants:** He does not know what he wants to eat until it is in front of him—and maybe not then.
- **Leaving out little dishes of food for him to grab when he walks by:** He needs to eat with the family.
- **Waiting to feed him until he tells you he is hungry:** He is too busy to know he is hungry until he falls apart or has a tantrum. Then he will be too upset to eat.
- **Using food to calm things down:** Instead, give attention, a hug, or a nap. Sticking to the meals-plus-snacks schedule helps you avoid feeding for emotional reasons.

# Feeding stories: the toddler

You and your toddler will get into skirmishes—about feeding and about everything else. These stories about Oscar demonstrate some of the many ways your toddler will tempt you to do his jobs with feeding. Stay on your side of the division of responsibility, no matter how strongly your toddler invites you to cross it!

## “I’m not hungry.”

Oscar says “I’m not hungry” when his parents call him to dinner. At first, his parents say, “Oh dear, you *must* be hungry.” Then they wise up: his being hungry is *his* business. Having a family meal is *their* business. So, they give him a five-minute warning. Then they say, “You don’t have to eat, but come and keep us company while we eat.” Sometimes Oscar eats happily for a while and then wants down. Sometimes he doesn’t eat at all and wants down after a minute or two. At first, his parents keep him there in hopes that he will eat more. But he doesn’t, and he makes such a commotion that they realize they have to let him down when he wants down.

## “Now I’m hungry.”

Oscar, having not eaten his meal, is back begging to sit on his daddy’s lap and eat off his daddy’s plate. When his daddy lets him, Oscar creates a commotion. So, his daddy says, “No, you have had your meal. That’s it until snack time.” Oscar tries his mother. She tells him the same thing. Oscar has a tantrum. His parents ignore him.

## “Let’s play.”

Oscar, having more-or-less eaten his meal and been allowed to get down from the table, is back looking for attention while his parents try to enjoy their meal. They tell him to play, but he continues to pester. After the next meal, they wash Oscar up, clear away his dishes, put some toys not too far from the table, and spend a minute or two helping him get started playing. Then they go back to eating. They look at him from time to time while he plays and say or word or two. But they don’t let him spoil their meal.

### Avoid pressure

Pressure on children’s eating *always* backfires. Keep in mind that all children are more-or-less picky about food. Trying to get a child to eat more than he wants makes him eat less. Trying to get him to eat less than he wants makes him eat more. Trying to get him to eat certain foods makes him avoid them. Trying to get him to be neat and tidy makes him messy. Putting up with negative behavior in hopes he will eat makes him behave badly but not eat. Here is what pressure looks like:

- Pressure can seem positive: Praising, reminding, bribing, rewarding, applauding, playing games, talking about nutrition, giving stickers, going on and on about how great the food is.
- Pressure can be negative: Restricting amounts or types of food; coaxing, punishing; shaming, criticizing, begging; withholding dessert, treats, or fun activities; physically forcing; threatening.
- Pressure can seem like good parenting: Reminding him to eat or to taste, making him eat his vegetables, warning him that he will be hungry, keeping after him to use his silverware or napkin, making special food, hiding vegetables in other foods, letting him eat whenever he wants to between meals.
- Pressure can be hard to detect: Ask yourself why you are doing something with feeding. Is it to get your child to eat more, less, or different food than he does on his own? If so, it is *pressure*.

SAMPLE



Your child will love  
joining in with  
family meals.

## 6. What to feed your child: step by step

Food selection for the older baby and almost-toddler is continuously in transition.

Keep these strategies in mind as you move through the steps:

### Steps 1 and 2 are for *learning*, not nourishment.

Eating mushy and lumpy food is all new to your baby. She is getting used to the idea, learning how to eat, and feeling good about it, but not necessarily *eating*. Eating at the next stage depends on learning and positive feelings at this stage.

### Steps 3 and 4 are for *nourishment* as well as

*for learning*. When your child starts finger-feeding herself modified grown-up food, she will eat more solid food and less breastmilk or formula. Then she needs the nutrients from her solid food. Children who eat family food do better nutritionally than those who eat baby food.

Depending on your child's development and readiness for change, you might move through the steps in 2 or 3 months, or it might take a year. Faster is not better; slower is not worse. At every step, *Don't panic about gagging, but avoid choking* (page 20).

### Remember the *division of responsibility in*

**feeding:** For your child to eat well and behave well at mealtime, you must do your jobs with *feeding* and let her do her jobs with *eating*.

■ **Start one new food at a time:** Wait 3 or 4 days to give another new food. That lets you know whether a food gives your child a stomachache, diarrhea, skin rash, or wheezing.

■ **Give your child time and chances to learn to like new food:** After 10 or 20 tries (or more) in as many meals, your child will eat most foods.

■ **Allergy advice has changed:** New evidence shows that waiting until the child is 4 to 6 months old to start solids is long enough. Waiting longer or avoiding certain foods (such as eggs, fish, or wheat) doesn't seem to help with respect to preventing food allergies.

■ **Seize the moment for including her in family mealtimes:** During steps 3 and 4, your child's more-regular schedule and ability to feed herself makes it natural to include her in family meals.

## Step 1: mushy food you feed from the spoon

- **Keep on nipple-feeding:** Breastmilk or formula continues to be your child's most important source of nutrition until she is well established on grown-up food at step 4.
- **Iron-fortified baby cereal mixed with breastmilk or formula:** This is the best first solid food. Make it about as thick as yogurt. Offer cereal once a day for the first few weeks and work up to offering it twice a day. Many parents feed only baby cereal at step 1 and wait to introduce fruits and vegetables in step 2.
- **Finely mashed fruits and vegetables:** If you prefer, you may start with pureed soft or cooked fruits and vegetables. These can be thoroughly fork-mashed, blended, baby-food-grinder prepared, or purchased as jarred baby food.

## Step 2: thicker, lumpier food

Once your child learns to eat step 1 food, increase the thickness and lumpiness of the food. Lumps teach her to use her tongue to push food between her jaws where she mashes it. Some babies finger-feed themselves very thick food.

- **Breastmilk or formula:** Breastmilk or formula is still important. Along with her solid feedings, you may offer breastmilk or formula from a cup rather than from the nipple.
- **Water:** Offer your baby drinks of water from a cup. After she gets up from sleeping is a good time. You are checking to see if she is thirsty, not trying to get her to drink.
- **Thicker, lumpy iron-fortified baby cereal:** When you mix the cereal, gradually cut down on the amount of breastmilk or formula so it is thicker and even lumpy. Thicken it still more to turn it into a finger food. Thicken other food with cereal to make it into finger food.
- **Coarsely mashed fruits and vegetables:** Some fruits can be raw, such as bananas, peaches, pears, mango, or melon. Cook tough or crisp fruits and vegetables, or use canned or frozen fruits and vegetables.
- **Other soft food:** Mashed potatoes, refried beans, and sticky rice.
- **"Toddler" food from the store:** All commercial baby food is completely smooth except for "toddler" food, which has step 2 texture. *Real toddler food is Step 4: modified grown-up food and drinks (page 31).*

### Weaning starts with the first solid food

Weaning doesn't have to be hard or traumatic. It goes best when it is a gradual process of replacing nipple-feeding with solid food and drinking from a cup.

- Don't offer nipple-feeding before or along with the meal. Instead, offer breastmilk or formula in a cup.
- Let her skip her nipple-feeding afterward. She may eat so much she isn't interested!
- Work away from feeding on demand. Work toward offering nipple-feeding only for snacks, at set times between meals. Later, she will eat more "big-girl" snacks.
- Don't worry if her formula or breastmilk intake drops off. She will drink more when she gets better with the cup.

## Step 3: finger food

A finger food is anything that sticks together long enough to get it from the high-chair tray to the mouth. Finger food teaches your child to use her tongue to push food between her jaws where she mashes it before she swallows. She will gag—that is all part of learning. See *Don't panic about gagging, but avoid choking* (page 20).

Finger foods can be small, soft pieces of the same foods you eat. Children who eat family food at family meals do better nutritionally than those who eat commercial baby food.

- **Breastmilk or formula in a cup:** Nipple-feeding is still all right for snacks until she is ready for “big-girl snacks.” See *Weaning starts with the first solid food* on the previous page.
- **Water in a cup:** Offer water occasionally to check whether your child is thirsty, but don't get pushy with water. Your child knows how much water she needs.
- **Cut-up raw soft fruit:** Your child can gum and swallow bananas, peaches, pears, mango, melons, berries, and other soft fruit.
- **Cut-up cooked vegetables, fruits, and casseroles:** These are soft and moist and easy for your child to gum and swallow.
- **Cheese, tender chopped meats:** Have meat be tender and slice it across the grain into small pieces. Read the label on soft cheeses to make sure they are made with pasteurized milk.
- **Breakfast cereal:** Cheerios, Corn Chex, Rice Chex, and Kix or their store brands are easy to pick up and gum. They also break down easily in saliva.
- **Small pieces of bread or crackers:** Try bread squares, toast strips, soft tortilla strips, graham crackers, and soda crackers.
- **Adapt or avoid foods that can cause choking.** Quarter grapes. Halve hot dogs the long way. Cut meat up finely. Spread peanut butter thinly. Don't give nuts, raw carrots, hard candy, jelly beans, and gum drops.

### Start offering sit-down, “big-girl” snacks

Snacks are little meals. They are not food handouts or treats. Your child's stomach is small, and her energy needs are high. To do well, she needs to eat every 2 or 3 hours.

Any food you have for meals works as a snack. Include two or three foods. To last a while, a snack needs to include protein, fat, and carbohydrate. Here are some examples:

- Bread or crackers with cheese or cheese spread and milk or fruit juice
- Cereal and whole or 2 percent milk
- Fresh or canned fruit with cheese or whole or 2 percent milk or whole-milk yogurt
- Fruit smoothie made of whole or 2 percent milk blended with fruit
- Vegetables, dip, and whole or 2 percent milk
- Cookies and whole or 2 percent milk

When meals are a long time apart, have two snacks: a long-lasting one early and a short-acting one (fruit, juice, crackers, frozen peas—think of it as an appetizer) to tide her over for dinner. But make it a *sit-down snack*. Don't allow your child to eat on the run or eat along with other activities.

## Step 4: modified grown-up food and drinks

A child who can chew and swallow and use her fingers to pick up food is ready to eat most of the foods that you eat. Offer all the finger foods you added in step 3. Also offer any soft, easy-to-chew, cut-up food that you eat. *Don't panic about gagging, but avoid choking* (page 20). Offer milk in a cup (an open cup is better for learning than a sippy cup).

- **Cut-up soft foods:** Spaghetti and other pasta dishes, burritos, potatoes (scaloped, mashed, baked with sour cream or butter).
- **Toasts and sandwiches:** Cheese toast or grilled cheese. Shaved turkey, ham, or bologna and cheese. Thinly spread peanut butter.
- **Meat and other protein foods:** Fried, baked, or roasted chicken (tender and finely cut); roasts or chops (tender and finely cut); fish (remove all the bones); other proteins such as eggs, dried beans, peas, lentils, and soy-based meat substitutes.
- **Fast food:** Take-out or frozen pizza cut into bite-sized pieces and cooled down, burgers cut into strips, cut-up chicken nuggets, soft French fries.
- **Ethnic food:** Ask parents from other cultures what they feed their young children; especially ask what they do about spicy food.

### When and how to give whole milk

For bottles, continue to use breastmilk or formula. **Never** serve unpasteurized milk of any kind at any age. In the cup, *along with meals and snacks*, you may change to whole pasteurized milk **if**

- Your child drinks the pasteurized milk **from a cup, and**
- She is well-established on grown-up food, **and**
- She eats at least 2 or 3 ounces of solid food at each meal or snack.

**If your child was prematurely born or had a slow start for any other reason**, it is best to keep her on breastmilk or formula for a while longer. She needs the nutrition, and her digestive tract needs longer to mature.

### When and how to give juice

Your child gets her vitamins and minerals from breastmilk or formula, so she does not need juice until she starts drinking regular milk. Give juice in a cup, not in the bottle. That keeps her from getting stuck on the bottle. Serve only 100 percent fruit or vegetable juice. Canned, bottled, or powdered fruit *drinks* do not give as much nutrition as fruit *juice*. Serve juice only at mealtime or snack-time, not in-between times. Don't let your child carry around a sippy cup or bottle containing anything except water.

### When and how to give sweets and fatty snacks

Before long, someone will introduce your child to cookies, candy, potato chips, and other salty fried snacks. Because high-sugar, high fat foods are easy to like, he will eat them instantly and beg for them soon after. Do not despair. Your child's energy needs are high and his stomach is small, so he benefits from eating some high-sugar, high-fat foods. It is impossible to avoid these foods, so don't try. Instead, learn to make wise use of them. See [www.ellynsatterinstitute.org/hf/usingforbiddenfood.php](http://www.ellynsatterinstitute.org/hf/usingforbiddenfood.php)

**Maintain structure  
and avoid pressure.**

## 7. Solve feeding problems

### **“My toddler will not eat at mealtime and then begs for food.”**

Don't attempt to solve the problem by trying to get your child to eat more at mealtime. He won't. Instead, support him in eating as well as he can at mealtime by being careful to follow the division of responsibility. Resign yourself to the fact that *The toddler's eating is quirky* (page 25). *Avoid common feeding mistakes* (page 25).

Don't, say, “Why didn't you eat more? See what I told you—you didn't eat enough, and now you are hungry. Oh, all right, what do you want? But next time you have to eat!”

Instead, say, “The meal is over, but snack-time is coming soon. You can eat then.” Then stick to what you say. He is learning that “no” means “no.” He may pitch a fit. Ignore him. When he gets done yelling and kicking, the answer is still “no.” After 2 or 3 days, he will learn to eat (in a toddler's typically quirky way) at meal- and snack-time.

“Isn't that a little harsh?” parents ask. “After all, he is so little and it is only one little cookie. What if I

offered him whole-wheat crackers instead? Why make such a big deal over it?”

Sorry, it is a big deal. *Your child depends on you to set the limit.* If you give in to his food-begging, the list of foods he eats will become shorter and shorter, and his behavior at meals will get worse and worse. Not only that, it scares him to get the upper hand with you.

Your child needs to learn that being included in family meals is special. It is special because he gets to be part of the family and because he gets to eat. Teach him that to be there, he has to behave nicely and cope with the food you provide for the meal. Behave nicely yourself by not interfering with his eating jobs.

Set and follow a schedule of meals and snacks every 2 or 3 hours. Always offer bread (or something like it). If all he eats is the bread, that is okay. If he eats a *lot* of bread, that is still okay. But don't get out the peanut butter or the cereal. Those are different meals and count as short-order cooking. It tells your child, “I do not trust you to learn to eat the food I eat.”

If the struggles go on, take another look at *Have family-friendly meals* (page 24) and *Avoid pressure* (page 26).

## “My child is too small or does not eat enough.”

Follow the division of responsibility. Your child will eat and grow best when you concentrate on the *quality* of the feeding rather than the *quantity* of food. The research is clear: Children eat less when parents try to get them to eat.

Even before she is ready to eat family meals, show your child what eating is all about. Follow the division of responsibility. *Have family-friendly meals* (page 24). *Avoid pressure* (page 26).

- Do your jobs with *feeding*, and trust your child to do her jobs with *eating* (page 3). Don't try to get her to eat a certain amount. Don't praise your child for eating or scold her for not eating.
- *Trust your child to grow in the best way* (page 3). Don't try to get her to be bigger than nature intended for her.

**Protect yourself from interference.** Often children are labeled *too small* or even *failure to thrive* when their growth is below the third or even the fifth percentile. But if your child grows consistently at *any* level—that is, if her weight and height are at or near the same percentiles at each doctor visit—then she is growing well and is just small. Trying to change her natural growth pattern will make you both miserable and is unlikely to succeed.

**Crossing growth percentiles.** A child's growth can gradually go up if she was small to begin with. But it is concerning for a child's growth to *abruptly* go up or down. To let your child grow in the way that is right for her, follow the division of responsibility. *Get help if you are stuck* (page 34), and *Consider a feeding relationship collaboration* (page 39). Read *Child of Mine: Feeding with Love and Good Sense*.

Trying to change your child's natural growth pattern will make you both miserable and is unlikely to succeed.

### ***Hold steady with feeding, even in the face of illness***

My son Jacob was born with a heart defect and needed surgery. The doctors wanted him to be a certain weight before they would operate. But Jacob's heart defect made it hard for him to eat. He could not breathe well, and he did not have much energy. We concentrated his formula, but he still wore out before he ate much. Even though the doctors told me to get a certain amount into him, I knew better than to force him. But it was so *hard*. Some days he would eat more, and I would think, “That's it! He has finally turned a corner!” But the next day he would not eat much at all, and my spirits would take a nose-dive. It helped so *much* when the dietitian showed me a graph of a well baby's formula intake. It was up and down, just like Jacob's! After that, I trusted Jacob more, and feeding went better. Before long, he gained enough weight to have his surgery.



## “My child is too big or eats too much.”

Many infants and toddlers are chubby. In spite of common opinion, the fat baby or toddler is no more likely to grow up fat than the thin one. Maintaining the division of responsibility with a large child is not easy in today’s fat-phobic world. If you worry about your own weight, it is even harder. But it works.

**Compare your child to himself.** Pay attention to how your child grows *over time*. Is he growing *consistently*? Even if his weight is high, he is growing well if his weight is at or near the same percentile at each doctor visit. Remember:

- Follow the division of responsibility. Don’t withhold food. He will get scared and eat too much when he gets the chance. Even big children are entitled to eat as much as they are hungry for.
- *Trust your child to grow in the best way* (page 3). Don’t try to get him to be smaller or slimmer than nature intended for him.

**Protect yourself from interference.** Until age 2, children aren’t supposed to be diagnosed with overweight or obesity. It happens anyway. Your infant or child who grows at the eighty-fifth percentile (weight or BMI) may be labeled *overweight*. Your infant or child who grows at the ninety-fifth percentile may be labeled *obese*. But if your child grows consistently at *any* level—that is, if his weight is at or near the same percentiles at each doctor visit—his growth is normal for him. Trying to change his normal growth pattern will make you both miserable and is unlikely to succeed.

**Crossing growth percentiles.** A child’s growth can gradually go down if he was big to begin with. But it is concerning if growth abruptly goes down—or up. To let your child grow in the way that is right for him, follow the division of responsibility. *Get help if you are stuck* (page 39), and *Consider a feeding relationship collaboration* (page 39). Read *Your Child’s Weight: Helping without Harming*.

### Rose slimmed down

Rose’s weight was over the ninety-fifth percentile when she was born and she got bigger and bigger, even though I tried to keep her from eating as much as she wanted. When she was 11 months old, someone gave me a copy of *Child of Mine*. I studied it carefully and started following a division of responsibility. I let Rose eat as much as she wanted at meals and snacks. She ate so much, and I was so anxious! But within a couple of weeks, her eating settled down. She ever-so-gradually slimmed down, and by the time she was 4 she was back on the growth chart, and by age 7 her BMI was down to the eighty-fifth percentile. Now she is a teenager, and her BMI is at about the seventy-fifth percentile. She enjoys eating, is active and coordinated, and is comfortable with her body.





## “My child is a picky eater.”

All children are more or less picky about food. Some children are finicky. Picky is normal; finicky is a problem.

**What *picky* looks like:** Your child likes to come to family meals and behaves well there. She eats one or two food items, ignores food she does not want to eat, and eats a food one day but not the next. She watches you eat new food (or food she *thinks* is new), touches it, puts it in her mouth, and takes it back out again. You might serve a food at as many as 15 or 20 meals or *countless* meals before she eats it.

**What *finicky* looks like:** Your child does not want to come to family meals and behaves poorly there. She gets upset if she sees anything but the short list of foods that she eats. Even when those foods are there, she often will not eat. You get aggravated and find yourself trying to get her to eat.

### **Finicky eaters can be born or made, or both.**

Some children are sensitive to new tastes or textures—or to anything new, period. Someone may even say your child has “sensory issues.” But even children with “sensory issues” push themselves along to learn as long as they have chances to learn and *no pressure*. A finicky eater is *made* by not having chances to get comfortable with unfamiliar food and by being pressured to eat. Keep in mind that short-order cooking puts pressure on a child to eat the food you made especially for her.

**How to address finicky eating:** You can’t get your child to eat, but you do need to teach her to behave nicely at mealtime. She wants to please you, but it is simply beyond her to eat what you want her to eat. You can, however, change your expectations and stop pressuring her to eat. Show her how to please you by behaving nicely at mealtime. When she is comfortable and behaves well at mealtime and you *Avoid pressure* (page 26), she will ever-so-gradually push herself along to learn to like new foods. Don’t hold your breath—it could take *years*.

The finicky eater needs chances to learn and no pressure.

## Teach your child to behave well at mealtime

- Have mealtime be pleasant. Include her in conversation.
- Be sure to include one or two foods she generally eats.
- Teach her to say “yes, please” and “no, thank you.” Don’t let her say “*yuck!*”
- Give her an out: “You don’t have to eat if you don’t want.” Give her encouragement: “You can find something to eat.”
- Have her leave the meal if she behaves badly.

Don’t let her have food again until the next meal or snack.

Remember, follow the division of responsibility, *Have family-friendly meals* (page 24), and *Avoid pressure* (page 26).

### ***Your child will not be picky forever***

My kids were extremely picky eaters as toddlers and young children, but we stayed the course with the division of responsibility. It took many years, but we got there. I distinctly remember the first time my son asked us to pass the broccoli. We did so without any fanfare—as if he asked for it every night of his life—but inside I was jumping for joy. The division of responsibility truly does work for the long term. My kids are now teenagers, and it gives me great satisfaction to see them eat a wide variety of food with gusto.

## “My child will not eat vegetables (or fruits)... and I don’t like them much either!”

While vegetables and fruits are good for you, they are not worth fighting about. Don’t force your child or yourself to eat them. You cannot fake it. Studies show that parents who eat—and like—vegetables have children who eat—and like—vegetables. Parents who eat but *do not* like vegetables have children who do not eat vegetables and do not like them. If you want your child to like fruits and vegetables, you need to like them yourself.

### How you and your child can learn to like fruits and vegetables:

- **Apply feeding principles to including vegetables:** Follow the division of responsibility, *Have family-friendly meals* (page 24), and *Avoid pressure* (page 26).
- **Sneak up on them:** Your child looks but does not taste, tastes but does not swallow. You can look in the grocery store. Buy a little, prepare a little, taste a little, throw away a little. Take your time.
- **Try, try, try again:** Plan on 10 to 20 tries in as many meals—or even more—to learn to like a new food. Better still, stop counting.
- **Don’t get pushy:** Everybody learns better with an out. You can decide not to eat it even if you bought it and cooked it.
- **Prepare vegetables and fruits the way you like them:** They can be raw, cooked until they are just tender, or cooked until they are really soft.
- **Make them taste good:** Add sugar to fruits. Bake fruit pies or cobbler. Dress vegetables up with butter, cream, oil, bacon, fat back, white sauce, cheese sauce, herbs and spices, or brown sugar. Put vegetables in soups and stews.
- **Don’t trick your child into eating vegetables:** Your child will catch on and not trust you.
- **Know that some vegetables are hard to like:** People who are *super-tasters* say broccoli, cabbage, cauliflower, and some greens taste strong and even bitter. Tone them down with butter, salt, or sauces.

Don’t get pushy.  
Everybody  
learns better  
with an out.

### *Your child will eat vegetables...someday*

When Kjerstin was little, she would not touch a vegetable. I prepared family meals, and I always included nicely prepared vegetables. I figured that if she did not want to eat vegetables, I could not make her. I was surprised when I heard how upset other moms were about their kids not eating vegetables. They were actually getting into fights about it! One mom was proud of putting zucchini in the hamburger patties and beets in the brownies. I was not willing to trick Kjerstin. I knew sooner or later she would catch on, and then she would not trust me. When Kjerstin was around 11 years old, she seemed to notice that she was missing out, and she started eating—and liking—vegetables. She did it all on her own. I am sure if we had tricked or forced her, she would never have done it.

## “My child will not drink milk.”

Children depend on milk for calcium, vitamin D, and protein. Today’s children who drink soda instead of milk have smaller bones and more broken bones. See *When and how to give whole milk* (page 31). Children’s milk intake often drops right after they are weaned from the breast or bottle. Then, after a few months, it gradually goes back up again.

**Offer milk in the best way:** You cannot make your child drink milk. But you can do a good job with feeding. That will encourage her to go back to drinking milk. Here is how:

- **Drink milk yourself:** If you drink milk, your child will think, “That is what grown-ups drink.” Even if she does not drink milk today, she will someday.
- **Even if milk gives you stomachaches or diarrhea, it probably will not bother your toddler:** Children do not become lactose intolerant until they are 4 or 5 years old.
- **You still might be able to drink a little milk:** Try drinking a small glass with meals. Try drinking 2 percent or whole milk instead of skim milk. Try substituting soy milk. Compare labels to see whether your soy milk has as much protein, calcium, and vitamin D as milk.
- **If you cannot drink milk, drink water:** Do not have soda, juice, Kool-Aid, sweet tea, or other sweet drinks if you want your child to drink milk. Let her have water as well as milk.
- **Don’t get pushy:** Put a small glass of milk at your child’s place, and let her drink it or not. Don’t remind her to drink it (that is pressure). She knows it is there.
- **Serve other food that has calcium in it:** That might be cheese, yogurt, or orange juice with calcium. See *When and how to give juice* (page 31).
- **Don’t go overboard with flavored milks:** Chocolate or strawberry milk is fine once in a while. But regularly flavoring milk to get it into your child is pressure, and pressure backfires.

### *Adrian was on-again, off-again with milk*

I distinctly remember the day Adrian went cold turkey on milk. I wailed, “But you love milk!” and he just looked at me. So I stopped saying anything. At every meal, I put a small glass of milk at his place. He didn’t make a fuss—he just ignored it. I frankly don’t remember how long it was before he started drinking it again. I didn’t say anything then, either. Now at age 11 he drinks a lot of milk. And eats a lot of everything else!



**Your child will drink milk if you do.**

## “My child has special needs”

The biggest problem with feeding your “child with special needs” is that any diagnosis undermines your trust in your child to eat. That need not be. At the same time as you must be attentive to medical, developmental, and oral-motor issues, your child is more *child* than *special needs*. He *wants* to grow up, and he *will* grow up to the very best of his ability. Most of his feeding issues are the same as those of any other child. His stages in feeding look the same; they just come along more slowly. His challenges at each stage are the same; he just works harder and longer to master them. His eating quirks are the same; it is just hard for you to sort out the “child” in these quirks from the “special.” It really doesn’t matter.

## The division of responsibility in feeding works for children with special needs.

### Trust your child with special needs.

- Trust is the foundation of good parenting with feeding: trusting yourself; trusting your child.
- Your child wants to eat, and he wants to grow up with eating.
- He eats best (most, greatest variety) when you give him opportunities to learn and *no pressure*.
- At first, your child with special needs is likely to be medically fragile.
- Fragile children scare everyone, even experienced health professionals.
- Scared people tend to put pressure on feeding.
- Putting pressure on feeding takes away trust and takes away your child’s desire to grow up with eating.
- See *Consider a feeding relationship collaboration* (next page).

### Arthur wanted to eat

Arthur was born a few weeks early. Nipple-feeding was challenging, but we worked it out. The trouble began when he started solid foods. Looking back, I can see that Arthur was slow to learn, and I got scared and put pressure on him to eat. He was reluctant to eat solid foods, gagged on finger food, and refused anything moist. By age two-and-a-half, he ate very few foods and put up a fuss when I tried to get him to the table. He even gagged or vomited when he watched others eat!

Arthur’s doctor sent us to a feeding clinic. We were told that Arthur’s eating issues were behavioral and that a child with a feeding problem would starve rather than eat foods beyond his comfort level. They held food in front of Arthur until he gave in and ate it, praised him when he ate, ignored him when he didn’t, gave him stickers when he ate, and time-outs when he didn’t. We were taught the same protocol for at home. Feeding was awful, but Arthur ate more food and a greater variety. It did not last. After a year, he rebelled against the protocol, and his eating went back to what it was when we first went to the feeding clinic.

So, I gathered my courage, went back to the division of responsibility, and followed it to the letter. This time, I was careful to avoid pressure in every way. Arthur ate little and gagged watching us eat. It was agony for me, and I questioned my decision daily. After a couple of weeks, he began to come willingly to the table. After that, he gradually ate more, and he began experimenting with new food.

Instead of piling on more pressure, I wish the feeding clinic had helped me stop the pressure and trust Arthur to eat. Being slow to learn was just his way. All along, Arthur wanted to eat. Now that I let him take his time, he pushes himself along to eat foods beyond his comfort level.

## Get help if you are stuck

Though no fault of your own or anyone else, your child may have developed an established feeding problem. The problem has a history. Your child may have had temperamental, medical, and/or developmental issues that created negative feeding patterns. Such patterns attract negative advice that doesn't work or that makes matters worse.

### How to tell you are stuck:

- Your child's growth veers upward or downward abruptly.
- You are making no progress getting on your child's wavelength with feeding.
- Your struggles with feeding go on and on.
- You cannot maintain the division of responsibility in feeding.

### Consider an assessment

An assessment will restore your trust in your child to do her part with feeding. It is normal for your child to eat and grow normally. What got (or continues to get) in the way of her natural eating competence? To get answers, enlist the help of a professional committed to the division of responsibility to consider your child's medical history and growth pattern from birth, your past and present feeding relationship, your relationship as a whole, the structure of family meals and snacks, and your child's nutrition.

### Consider a feeding relationship collaboration

Most feeding clinics use behavioral interventions that cross the lines of the division of responsibility and focus on getting children to eat. Instead, look for a professional who thoroughly understands the division of responsibility in feeding or is willing to learn right along with you. Such professionals bring their expertise, their commitment to the division of responsibility, and their willingness to help you understand and parent your child. Read and study *Child of Mine: Feeding with Love and Good Sense*. Follow the guidance in this booklet and on [www.elynsatterinstitute.org](http://www.elynsatterinstitute.org). Make a feeding relationship plan, carry it out, and help each other to be consistent and brave.

- Follow the division of responsibility.
- Wait to *Offer solids based on what your baby can do* (page 18).
- At each stage, provide your child with opportunities to learn; then wait, wait, and wait some more.
- Expect that your child will not do, not do, not do, then do.
- Recognize small signs of progress.
- Be entirely neutral, both in the way you present food and in the way you react to your child's eating and not eating. Be extremely careful to *Avoid pressure* (page 26).
- Be prepared for the long haul. Like other children, your child may be a teenager before some of his eating problems are resolved.
- Do problem solving when your child's eating relapses. Chances are, structure is eroding or pressure is creeping in.
- Seek out special services if your child needs them. He may benefit from occupational therapy to improve his chewing and swallowing. On the other hand, he may provide his own occupational therapy in the process of struggling to chew and swallow.



Feeding is parenting:  
Do your job, then let go.

## 8. What you have learned

When you follow the division of responsibility in feeding, your child will be a good eater.

**It is all about control.** You can control some things; you cannot control others. You can control what your child is offered to eat. You cannot control whether she eats it, how much she eats, and how she grows. Feeding is parenting in all ways. You have to do your jobs, but then you have to let go.

### **Your child knows how much (or little) to eat.**

From birth, your child knows how much to eat and how to grow. Your job is to read her signs and do what works best for her at her stage of development. If your child's weight is following a consistent percentile on her growth chart, she is growing just fine.

### **Your child will grow up to eat the food you eat.**

On some level, your child thinks, "I will eat that someday." And she pushes herself along as fast as she can to do just that.

**Provide, don't deprive, and don't pressure.** Trust your child to grow up to be the size and shape that nature intended. Feel good about the child you *have*, not the one you *thought* you might have.

### ***Emma taught me how to eat***

My eating problems grew out of not having proper meals, which grew out of dieting. It helped a lot when we decided, on our daughter Emma's behalf, to eat at the table every night. I discovered I can go to the table hungry and eat until I have enough! Trying to fill up on vegetables to save calories turned me off on them, but since Emma and her daddy genuinely like them, I find I can get back to enjoying them too! I felt that I had no stopping place, especially with sweets. Emma showed me what having a stopping place is all about. She loves sweets, so at meals we regularly offer her a child-sized dessert and at occasional snacks as many sweets as she wants. Emma eats her dessert, then eats the rest of her food. At snacks, she eats a couple of cookies and is done.

## What is next?

Now you know most of what you need to know about feeding, and your child has become a competent eater. What you have learned in this booklet will guide you for the rest of your years of parenting with feeding. You have established and maintained a division of responsibility in feeding. In the process of navigating your child's many changes in these first 2 years, you have learned to trust your child to do his part with eating and growing. From now on, the task is for you to remain a good feeder and for your child to remain a good eater.

Keep these principles in mind for feeding your child in the stages to come. For more about feeding the preschooler, read *Child of Mine: Feeding with Love and Good Sense*. For more about feeding the school-age child and adolescent, read *Your Child's Weight: Helping without Harming*.

### Your child can teach you about your own eating:

- Let your child show you what relaxed and joyful eating is all about. Keep your mouth shut and your fingers crossed and the look of surprise (or panic) off your face.
- Reassure *yourself* you will be fed and that you can have food that you enjoy.
- Read more. Click on *How to Eat* on [www.ellynsatterinstitute.org](http://www.ellynsatterinstitute.org). Read “Part 1, How to Eat” in *Secrets of Feeding a Healthy Family*.

### **Remember how important you are**

Throughout his growing-up years, you teach your child to eat by the way you feed him and by the way you eat. When you sit down with him for meals and snacks and eat as much as you need, so does he. When you enjoy many different foods, he does too. His taking good care of himself with food and feeling good about eating is a gift from you that lasts a lifetime.



SAMPLE

When you follow the  
**Division of Responsibility**  
in feeding, your child will be a good eater.



Your baby eats best when you do what she wants.

...



Feed based on what your child can do, not how old he is.



Before long, you child will enjoy joining in with family meals.

*kelcy press*

