

## Pediatric Nutrition Guidelines for Primary Health Care Providers

If child presents with a red flag, further investigation is recommended. Referral to a registered dietitian (RD) for nutrition assessment and ongoing follow-up may be advised.

Age	Developmental milestones related to feeding	Guidelines	Red flags										
<b>Birth to 6 months</b>  <b>Note:</b> Milestones and guidelines for pre-term infants are based on corrected age <sup>1</sup>	Birth to 2 months <ul style="list-style-type: none"> <li>▪ Demonstrates signs of hunger by increased alertness, increased activity, and mouthing or rooting. Crying is a late indicator of hunger<sup>2</sup></li> <li>▪ Opens mouth wide when nipple touches lips<sup>3</sup></li> <li>▪ By 2 months, feeds every 2-4 hours during the day<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Breastfeed exclusively for 6 months<sup>5,6</sup></li> <li>▪ See <i>Infant Formula</i> section on page 6 if infant formula is provided</li> <li>▪ Feed based on feeding cues<sup>2</sup></li> <li>▪ Avoid additional water unless medically indicated<sup>3</sup></li> <li>▪ Avoid juice or other liquids<sup>3</sup></li> <li>▪ Avoid honey, including pasteurized, as it may cause infant botulism<sup>7</sup></li> <li>▪ At 6 months, introduce solid foods<sup>6,8</sup></li> <li>▪ Supplement with vitamin D as indicated in chart:</li> </ul>	<ul style="list-style-type: none"> <li>▪ After 5 days of age, has &lt; 6 wet diapers each day<sup>2</sup></li> <li>▪ Within the first 2 weeks, loses &gt; 10% of birth weight<sup>2</sup></li> <li>▪ By 2 weeks, does not regain birth weight or does not gain ≥ 20 g per day<sup>2</sup></li> <li>▪ Growth measures plotted at &lt; 3<sup>rd</sup> or &gt; 85<sup>th</sup> percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada<sup>11</sup></li> <li>▪ Not being fed based on feeding cues<sup>2</sup></li> <li>▪ Infant formula not prepared and stored properly. See <i>Infant Formula</i> section page 6</li> <li>▪ Cow's milk or homemade formula given<sup>5</sup></li> <li>▪ Water, juice or other liquids given<sup>3</sup></li> <li>▪ Infant cereal or other pureed foods given &lt; 4 months<sup>6,12</sup></li> <li>▪ Infant cereal or other pureed foods given in a bottle<sup>5</sup></li> <li>▪ Uses a propped bottle<sup>5,13</sup></li> <li>▪ Honey is given<sup>7</sup></li> <li>▪ Breastfed or partially breastfed infant drinking &lt; 1000 mL (32 oz) formula is <u>not</u> receiving a vitamin D supplement<sup>5</sup></li> </ul>										
	By 4 months <ul style="list-style-type: none"> <li>▪ Finishes each feeding within 45 minutes<sup>4</sup></li> <li>▪ Holds head steady when supported in a sitting position<sup>4</sup></li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If infant drinks</th> <th style="text-align: left;">Amount of vitamin D supplement to give daily</th> </tr> </thead> <tbody> <tr> <td>Only breast milk</td> <td>400 IU</td> </tr> <tr> <td>&lt; 500 mL (16 oz) formula</td> <td>400 IU</td> </tr> <tr> <td>500-1000 mL (16-32 oz) formula</td> <td style="text-align: center;">200 IU every day <b>OR</b> 400 IU every other day</td> </tr> <tr> <td>&gt; 1000 mL (32 oz) formula</td> <td>No additional vitamin D required</td> </tr> </tbody> </table>		If infant drinks	Amount of vitamin D supplement to give daily	Only breast milk	400 IU	< 500 mL (16 oz) formula	400 IU	500-1000 mL (16-32 oz) formula	200 IU every day <b>OR</b> 400 IU every other day	> 1000 mL (32 oz) formula	No additional vitamin D required
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By 6 months <ul style="list-style-type: none"> <li>▪ Has increased sucking strength<sup>3</sup></li> <li>▪ Brings fingers to mouth<sup>3</sup></li> <li>▪ Sits with support<sup>4</sup></li> </ul>	<small>9,10</small>												

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<p><b>6 to 9 months</b></p> <p><b>Note:</b> Milestones and guidelines for pre-term infants are based on corrected age<sup>1</sup></p>	<ul style="list-style-type: none"> <li>▪ At about 6 months, is physiologically and developmentally ready for solid foods<sup>5</sup></li> <li>▪ Sits with minimal support<sup>2</sup></li> <li>▪ Has vertical jaw movement (munching) with suckling motion by the tongue while chewing foods<sup>14</sup></li> <li>▪ Has some tongue protrusion when beginning to eat solid foods which decreases with experience<sup>14</sup></li> <li>▪ May still have early gag reflex hindering ingestion of solid foods until its locus moves further toward the back of the tongue (usually between 3-7 months of age)<sup>2</sup></li> <li>▪ Indicates desire for food by opening mouth or leaning in, and satiety by closing mouth or turning away<sup>2</sup>. See <i>Parenting and the feeding relationship</i> section on page 7</li> <li>▪ Begins to feed self by holding small foods between thumb and fore finger<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to breastfeed<sup>2,5</sup></li> <li>▪ See <i>Infant Formula</i> section on page 6 if infant formula is given</li> <li>▪ Feed based on feeding cues<sup>2</sup></li> <li>▪ At 6 months, introduce iron-rich foods (e.g., iron-fortified infant cereal, meat, beans, tofu). <b>Note:</b> meat is a highly bio-available form of iron and zinc<sup>5</sup></li> <li>▪ Begin to introduce a variety of vegetables, fruit, grains and milk products (other than fluid milk) in any sequence<sup>12</sup></li> <li>▪ May introduce highly allergenic foods (e.g., whole eggs, milk products, fish, and peanuts) after 6 months regardless of family history of allergy<sup>12</sup></li> <li>▪ Introduce each new food for 3-5 days before introducing another new food to help identify potential food allergies<sup>2</sup></li> <li>▪ Offer solid food 2-3 times a day<sup>15</sup></li> <li>▪ Breastfeed before offering solid foods to sustain breast milk supply and to ensure breast milk continues to be the major source of energy and nutrients<sup>15</sup></li> <li>▪ Breast milk, infant formula, water and 100% fruit juice are the only acceptable beverage options<sup>5</sup></li> <li>▪ If juice is given, limit to 60-125 mL (2-4 oz)<sup>3</sup></li> <li>▪ Offer a cup regularly<sup>16</sup></li> <li>▪ Avoid honey, including pasteurized, as it may cause infant botulism<sup>7</sup></li> <li>▪ Gradually increase texture of foods from pureed to lumpy to small pieces<sup>14</sup></li> <li>▪ Give breastfed infants a vitamin D supplement of 400 IU daily until the infant's diet includes <math>\geq</math> 400 IU per day of vitamin D from other dietary sources. Food sources of vitamin D include: fortified infant formula - 100 IU in 250 mL (1 cup); cow's milk - 100 IU in 250 mL (1 cup); salmon - 103 IU in 30 g (1 oz); egg yolk - 25 IU in one yolk; fortified margarine - 25 IU in 5 mL (1 tsp)<sup>10</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Growth measures plotted at <math>&lt;</math> 3<sup>rd</sup> or <math>&gt;</math> 85<sup>th</sup> percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada<sup>11</sup></li> <li>▪ Has <math>&lt;</math> 6 wet diapers each day<sup>2</sup></li> <li>▪ By 7 months, not eating iron-containing foods daily<sup>5</sup></li> <li>▪ Infant formula not prepared and stored properly. See <i>Infant Formula</i> section page 6</li> <li>▪ Cow's milk or homemade formula is given<sup>5</sup></li> <li>▪ Consumes juice frequently throughout the day or drinks <math>&gt;</math> 125 mL (4 oz) juice per day<sup>3</sup></li> <li>▪ Consumes fruit drinks, pop, coffee, tea, hot chocolate, soy beverage, other vegetarian beverages (e.g., rice or almond beverage) or herbal teas<sup>5</sup></li> <li>▪ Infant cereal or other pureed foods given in a bottle<sup>5</sup></li> <li>▪ Uses a propped bottle<sup>5</sup></li> <li>▪ Honey is given<sup>7</sup></li> <li>▪ Feeding is forced or restricted<sup>2</sup></li> <li>▪ Breastfed or partially breastfed infants drinking <math>&lt;</math> 1000 mL (32 oz) formula is <b>not</b> receiving a vitamin D supplement<sup>5</sup></li> </ul>

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<p><b>9 to 12 months</b></p> <p><b>Note:</b> Milestones and guidelines for pre-term infants are based on corrected age<sup>1</sup></p>	<ul style="list-style-type: none"> <li>▪ Uses jaw and tongue to bite and mash a variety of textures<sup>17</sup></li> <li>▪ Tries to use a spoon<sup>3</sup></li> <li>▪ May demand to spoon-feed self<sup>17</sup> See <i>Parenting and the feeding relationship</i> section on page 7</li> <li>▪ Feeds self by holding small foods between thumb and fore finger<sup>2</sup></li> <li>▪ By 12 months, drinks independently from cup with a spout or straw<sup>5,14</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to breastfeed<sup>2,5</sup></li> <li>▪ See <i>Infant Formula</i> section on page 6 if infant formula is given</li> <li>▪ Feed based on feeding cues<sup>2</sup></li> <li>▪ Offer solid foods 3-4 times per day<sup>15</sup></li> <li>▪ Continue to introduce solid foods in any sequence<sup>15</sup></li> <li>▪ Gradually increase texture of foods from lumpy to small pieces to encourage acceptance of increased texture<sup>14</sup></li> <li>▪ At 9-12 months, preferably 12 months, may introduce whole (3.25%) cow's milk<sup>18</sup>. Avoid skim, 1% or 2% milk and soy beverages<sup>5</sup></li> <li>▪ By 12 months, if cow's milk is the primary source of milk, give 500 mL (2 cups) per day plus other food sources of vitamin D<sup>2</sup></li> <li>▪ If juice is given, offer 100% juice and limit to 125-175 mL (4-6 oz) per day<sup>2</sup></li> <li>▪ Offer a cup with breast milk, formula, cow's milk, water or 100% juice<sup>16</sup></li> <li>▪ Avoid honey, including pasteurized, as it may cause infant botulism<sup>7</sup></li> <li>▪ Give breastfed infant a vitamin D supplement of 400 IU daily until the infant's diet includes <math>\geq 400</math> IU per day of vitamin D from other dietary sources or until the infant reaches 1 year. Food sources of vitamin D include: fortified infant formula - 100 IU in 250 mL (1 cup); cow's milk - 100 IU in 250 mL (1 cup); salmon - 103 IU in 30 g (1 oz); egg yolk - 25 IU in one yolk; fortified margarine - 25 IU in 5 mL (1 tsp)<sup>10</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Has &lt; 6 wet diapers each day<sup>2</sup></li> <li>▪ Growth measures plotted at &lt; 3<sup>rd</sup> or &gt; 85<sup>th</sup> percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada<sup>11</sup></li> <li>▪ By 10 months, lumpy textures not consumed<sup>14</sup></li> <li>▪ Infant formula not prepared and stored properly. See <i>Infant Formula</i> section page 6</li> <li>▪ Skim milk, low fat milk or soy beverage is given as main milk source<sup>5</sup></li> <li>▪ Consumes juice frequently throughout the day<sup>3</sup></li> <li>▪ Consumes large amount of fluids<sup>2</sup> <ul style="list-style-type: none"> <li>- Milk: &gt; 750 mL (3 cups) a day<sup>3</sup></li> <li>- Juice: &gt; 175 mL (6 oz) a day<sup>2,8</sup></li> </ul> </li> <li>▪ Consumes fruit drinks, pop, coffee, tea, cola, hot chocolate, soy beverage, other vegetarian beverages (e.g., rice or almond beverage) or herbal teas<sup>5</sup></li> <li>▪ Honey is given<sup>7</sup></li> <li>▪ Feeding is forced or restricted<sup>2</sup></li> <li>▪ Not supervised during feeding<sup>5</sup></li> <li>▪ Breastfed or partially breastfed infant drinking &lt; 1000 mL (32 oz) formula is <b>not</b> receiving a vitamin D supplement<sup>5</sup></li> </ul>

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<b>12 to 24 months</b>  <b>Note:</b> Milestones and guidelines for pre-term children are based on corrected age <sup>1</sup>	12 to 18 months <ul style="list-style-type: none"> <li>▪ Growth slows compared with the first year of life resulting in decreased or sporadic appetite<sup>2</sup> See <i>Parenting and the feeding relationship</i> section on page 7</li> <li>▪ Unfamiliar foods are often rejected the first time<sup>2</sup></li> <li>▪ By 15 months, can self-feed with spoon and firmer table foods<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to breastfeed<sup>2,5</sup></li> <li>▪ If not breastfeeding, offer whole (3.25%) cow's milk.<sup>2,16</sup> Avoid skim, 1% or 2% milk<sup>5</sup></li> <li>▪ Offer 500-750 mL (2-3 cups) per day of 3.25% milk or breast milk each day<sup>3</sup></li> <li>▪ Serve 3 small meals and 2-3 snacks a day<sup>3</sup>. Avoid additional food or beverages except water between planned meals and snacks<sup>2,3</sup></li> <li>▪ Offer water when child is thirsty<sup>2</sup></li> <li>▪ If juice is provided, offer 100% juice and limit to 125-175 mL (4-6 oz) per day<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Growth measures plotted at &lt; 3<sup>rd</sup> or &gt; 85<sup>th</sup> percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada<sup>11</sup></li> <li>▪ Not eating a variety of table foods including iron containing foods daily<sup>5</sup></li> <li>▪ Dietary fat intake is restricted<sup>5</sup></li> <li>▪ Lumpy or textured foods are refused<sup>5</sup></li> <li>▪ Skim milk, low fat milk or soy beverage regularly given<sup>5</sup></li> <li>▪ Soy (except formula), rice, other vegetarian beverages or herbal teas are given<sup>5</sup></li> <li>▪ Consumes large amount of fluids and very little food<sup>2</sup> <ul style="list-style-type: none"> <li>– Milk: &gt; 750 mL (3 cups) a day<sup>3</sup></li> <li>– Juice: &gt; 175 mL (6 oz) a day<sup>2</sup></li> </ul> </li> <li>▪ Regularly consumes fruit drinks, pop, coffee, tea, cola, hot chocolate, soy beverage, other vegetarian beverages (e.g., rice or almond beverage) or herbal teas<sup>2,5</sup></li> <li>▪ Feeding is forced or restricted<sup>2</sup></li> </ul>
	18 to 24 months <ul style="list-style-type: none"> <li>▪ Able to consume most of the same foods as the rest of the family with some extra preparation for prevention of choking<sup>2</sup></li> <li>▪ Fluctuating appetite and playing with food is common<sup>2</sup>. See <i>Parenting and the feeding relationship</i> section on page 7</li> <li>▪ May refuse all but 4-5 foods, consume only preferred foods and refuse previously accepted foods<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Avoid fruit drinks that are not 100% juice and pop<sup>2</sup></li> <li>▪ By 15 months, wean from bottle<sup>2</sup></li> <li>▪ Allow child to self-feed<sup>2</sup></li> <li>▪ If breast milk is their only milk source, consider offering a vitamin D supplement<sup>2</sup></li> <li>▪ Consider offering a vitamin/mineral supplement if child is not growing well, has a specific health condition that requires it, and/or is not eating a variety of foods from each of the food groups<sup>2</sup></li> </ul>	

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<p><b>2 to 6 years</b></p> <p><b>Note:</b> Milestones and guidelines for pre-term children are based on corrected age<sup>1</sup></p>	<ul style="list-style-type: none"> <li>▪ Eats most foods without coughing and choking<sup>4</sup></li> <li>▪ Eats with a utensil with little spilling<sup>4</sup></li> <li>▪ May have periods of disinterest in food<sup>2</sup>. See <i>Parenting and the feeding relationship</i> section on page 7</li> <li>▪ May be resistant to new foods<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ May continue to breastfeed<sup>5</sup></li> <li>▪ Follow Canada's Food Guide to meet nutritional needs<sup>19</sup></li> <li>▪ Offer 500 mL (2 cups) of milk or fortified soy beverage daily to help meet vitamin D needs<sup>19</sup></li> <li>▪ Gradually offer lower fat milks (skim, 1% or 2%) or milk alternatives<sup>20</sup></li> <li>▪ Serve 3 small meals and 2-3 snacks a day<sup>3</sup>. Avoid additional food or beverages except water between planned meals and snacks<sup>2,3</sup></li> <li>▪ Offer water when child is thirsty<sup>2</sup></li> <li>▪ If juice is provided, offer 100% juice and limit to 125-175 mL (4-6 oz) per day<sup>2</sup></li> <li>▪ Avoid fruit drinks that are not 100% juice and pop<sup>5</sup></li> <li>▪ Consider offering a vitamin/mineral supplement if child is not growing well, has a specific health condition that requires it, and/or is not eating a variety of foods from each of the food groups<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Growth measures plotted at &lt; 3<sup>rd</sup> or &gt; 85<sup>th</sup> percentile OR sharp incline or decline in growth in serial growth measures, or a growth-line that remains flat, on the WHO Growth Charts for Canada<sup>11</sup></li> <li>▪ Does not eat a variety of table foods from the 4 food groups<sup>19</sup></li> <li>▪ Consumes large amount of fluids and very little food<sup>2</sup> <ul style="list-style-type: none"> <li>- Milk: &gt; 750 mL (3 cups) a day<sup>3</sup></li> <li>- Juice: &gt; 175 mL (6 oz) a day<sup>2</sup></li> </ul> </li> <li>▪ Regularly consumes fruit drinks, pop, coffee, tea, cola, hot chocolate, other vegetarian beverages (e.g., rice or almond beverage) or herbal teas<sup>2,5</sup></li> <li>▪ Feeding is forced or restricted<sup>2</sup></li> <li>▪ 3-5 year old scores "high nutrition risk" on NutriSTEP® nutrition screen. See <i>NutriSTEP®</i> section on page 7</li> </ul>



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### Additional information

#### Growth Monitoring

- Use the WHO Growth Charts for Canada when assessing growth<sup>11</sup>. Available at: [www.dietitians.ca/growthcharts](http://www.dietitians.ca/growthcharts)
- Serial measures are more useful than unique measures and are ideal for assessing and monitoring growth patterns<sup>11</sup>
- When seeing an infant or toddler for the first time, weight-for-age, length-for-age or weight-for-length < 3rd percentile are recommended cut-off criteria for underweight, stunting (shortness), and wasting (thinness) that could be used to identify need for investigation/intervention/referral. Weight for length measures > 85<sup>th</sup> percentile indicate risk of overweight<sup>11</sup>
- Use Body Mass Index (BMI) when assessing body weight status relative to height in children  $\geq 2$  years old. Use age and gender-specific growth charts to determine the BMI-for-age percentile. A child's actual BMI value will not correspond to the adult cutoffs or ranges for underweight, healthy weight, overweight and obesity. The percentile will allow for assessment of growth status, < 3<sup>rd</sup> percentile indicates wasting, while > 85<sup>th</sup> percentile indicates risk of overweight<sup>11</sup>

#### Selecting infant formula

For babies that are partially or exclusively given infant formula, select a formula based on baby's medical and family's cultural/lifestyle needs.

- Cow's milk-based iron-fortified infant formula** - most appropriate breast milk substitute<sup>5,13</sup>. Iron in infant formula does not cause constipation<sup>13</sup>
- Soy-based formula** - for infants who cannot take cow's milk-based products for health (e.g., galactosemia), cultural, religious or personal reasons (e.g., vegan diet)<sup>5,13</sup>
- Hypoallergenic formula** - most appropriate if a cow's milk allergy is suspected<sup>13</sup>
- Lactose free formula** - rarely needed and only appropriate with a diagnosis of congenital lactase deficiency<sup>13</sup>

#### Preparing infant formula

- The use of liquid concentrate and ready-to-feed formulas (sterile products) over powdered formulas (not sterile products) reduces the risk of bacterial contamination for infants considered "at risk"<sup>13,21</sup>
- Safe water sources include municipal tap water, regularly tested well water or commercial bottled spring or tap water.<sup>13,22</sup>
- If previously boiled water is needed, bring the water to a rolling boil for 2 minutes<sup>22</sup>
- If sanitized equipment is needed, place the clean feeding equipment into a pot of water at a rolling boil for 2 minutes or use a commercial baby bottle sanitizer<sup>22</sup>
- Ready-to-feed** - Do not mix with additional water. Sanitize equipment for babies < 4 months of age<sup>22</sup>
- Liquid concentrate** - Mix with water (previously boiled water for babies < 4 months of age). Sanitize equipment for babies < 4 months of age<sup>22</sup>
- Powdered** - Pour previously boiled water (cooled to no less than 70°C to reduce the risk of bacterial contamination) in bottle and then add powder. Prepare 1 bottle at a time, if possible. Sanitize equipment for babies of any age<sup>13,21,22</sup>

#### Bisphenol A (BPA) and bottle feeding

- BPA is a chemical used to make some types of plastic which may be harmful to infants and young children. Use bottles that do not contain BPA<sup>23</sup>
- Regulations require new baby bottles manufactured and sold in Canada to be BPA free, however older bottles may still be in use and their use should be discouraged<sup>23</sup>

#### Choking prevention

- Children  $\leq 3$  years of age are at higher risk of choking. Supervise children when eating and avoid foods that are hard, small and round or smooth and sticky including:<sup>5,24</sup>

Popcorn	Hard candies/cough drops	Raisins	Peanuts or other nuts
Sunflower seeds	Fish with bones	Raw carrots	Snacks using toothpicks or skewers
Gum	Grapes	Hot dogs	Peanut butter spread thick or on a spoon

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### Fish consumption and methylmercury

- Many types of fish are an excellent source of omega-3 fatty acids<sup>19</sup>
- Some types of fish and shellfish contain high levels of methylmercury. The predominant health effects in humans are associated with the impaired functions of the central and peripheral nervous systems. For example, elevated methylmercury exposure in a young child can cause a decrease in I.Q., delays in walking and talking, lack of coordination, blindness and seizures<sup>25</sup>
- Limit consumption of the following high mercury containing fish - fresh/frozen tuna, shark, swordfish, escolar, marlin, orange roughy, and canned albacore (white) tuna as follows:<sup>25</sup>
  - < 1 year of age - 40 g **per month** of these fresh/frozen types of fish **or** 40 g **per week** of canned albacore tuna
  - 1-4 years of age - 75 g **per month** of these fresh/frozen types of fish **or** 75 g **per week** of canned albacore tuna
  - 5-11 years of age - 125 g **per month** of these fresh/frozen types of fish **or** 150 g **per week** of canned albacore tuna

### Parenting and the feeding relationship

A healthy relationship between the parent/caregiver and the baby/child with respect to feeding and responding to hunger and satiety cues is important<sup>2</sup>. Early childhood food experiences and the social environment in which the child is fed are critical to the development of healthy eating habits later in life.<sup>26</sup> The following points will be especially effective when counselling parents of picky eaters:

- It is the parent's role to offer a selection of nutritious, age-appropriate foods and decide when and where food is eaten; Parents should trust their child/ren to decide to how much to eat or if to eat at all<sup>2,5</sup>
- The amount of food eaten will vary day-to-day depending on the child's appetite, activity level and whether they are experiencing a growth spurt, or if they are excited or overly tired<sup>19</sup>
- In a non-controlling, non-coercive environment, healthy children have the ability to self-regulate the amount of food and energy consumed<sup>2</sup>
- Provide structure and routine for meals in a pleasant setting without distractions from television or other activities<sup>2,19</sup>
- Encourage parents to be patient when introducing unfamiliar foods and to support the acceptance of new foods. If a food is rejected the first few times, it should be offered again on a different day (may require up to 10 times)<sup>2,19</sup>
- Avoid pressuring children to eat particular foods (e.g., praise, rewards, bribery, punishment) as this is counterproductive in the long-term because it is likely to build resistance and food dislikes rather than acceptance<sup>2</sup>
- 15-20 minutes is an appropriate length of time for preschoolers to stay at the table<sup>2</sup>
- Encourage positive mealtime role modeling by eating together as a family whenever possible, with adults eating at least some of the same foods as children<sup>2</sup>

### NutriSTEP® (Nutrition Screening Tool for Every Preschooler)

- A validated Canadian nutrition risk screening questionnaire for parents of preschoolers aged 3-5 years
- Screens preschoolers for food and fluid intake, factors affecting eating behaviour (e.g., does the parent allow the child to decide how much to eat, can the parents afford to buy sufficient food), physical growth (e.g., parent's comfort level with how the child is growing) and physical activity and sedentary behaviour
- Takes parents approximately 5 minutes to complete
- Available in 8 languages: English, French, Simplified Chinese, Traditional Chinese, Punjabi, Vietnamese, Tamil and Spanish
- Available free in Ontario through local health units or with a license through *Flintbox Technologies* at: <http://www.flintbox.com/public/project/2069/>
- A toddler (18-35 months) version of NutriSTEP® will be available in 2012

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### References

- <sup>1</sup> Groh-Wargo, S., Thompson, M., Hovasi Cox, J., Hartline, J.V., Editors, Nutrition Care For High Risk Newborns. Precept Press Inc., 2000.
- <sup>2</sup> Kleinman, R., Editor. Pediatric Nutrition Handbook, 6th ed. American Academy of Pediatrics, 2009.
- <sup>3</sup> Grenier, D., Leduc, D., Editors. Well Beings: A Guide to Health in Child Care, 3<sup>rd</sup> ed. Canadian Paediatric Society. 2008.
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