## Key Dietary Messages for Infants and Toddlers

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Dietary Behavior	Goal		Rationale
	Sufficient	Optimal	
Number of meals/snacks	< 6m: on demand	< 6m: on demand	1) During early infancy, on demand feeding encourages bonding and food security; stomach is too small to hold
	6 m-1 year: move towards 3 meals with 3 snacks	6 m-1 year: move towards 3 meals with 3 snacks	sufficient formula/feeding for structured meals. 2) Beyond infancy, 3 meals and 3 snacks are frequent enough to assure food security and adequate intake for growth.
	> 1 year: 3 meals and 3 snacks	> 1 year: 3 meals and 3 snacks	
Meal patterns	No eating or drinking sweetened beverages between meals and snacks	Structured—meals and/or snacks of $\leq$ 30 minutes at the same time each day	Structured, defined meals/snacks limit oral exposures. They also provide food security and minimize food battles between child and caregiver. Encourages development of healthy eating patterns.
Between-meal/snack beverages	> 6 m: water or other sugar-free beverage	6 m-3 y: water	<ol> <li>During early infancy (&lt; 6 m), infants should receive infant formula or human milk on demand; intake should not be compromised with either sugar-free or sugared beverages except during extreme heat when water might be appropriate.</li> <li>Between 6 m and 3 y, the optimal beverage for hydration is water. Although sugar-free beverages are not "harmful", neither are they beneficial and are best avoided. After 3 y, with peer pressure, sugar-free beverages are a better between meal alternative than sugared beverages.</li> <li>Providing sugared beverages between meals a) increases caries risk and b) blunts appetite, making child less receptive to more healthy foods at meals/snacks and encouraging food refusal and poor eating patterns.</li> </ol>
		> <b>3 y:</b> water or other sugar-free beverage	

Infant formula	< 6 m: on demand	< 6 m: on demand	<ol> <li>Infant formula is appropriate beverage to meet nutrient requirements at this age.</li> <li>During early infancy, on demand feeding encourages bonding and food security; stomach is too small to hold sufficient formula/feeding for structured meals.</li> </ol>
	6 m-2 y: with meals/snacks	6 m-1 y: with meals/snacks	
Milk	< 1y: none	< 1y: none	1) Milk is choice beverage for adequate nutrient intake to support growth at these ages.
	> 1 y: 4-8 oz/serving with meals/snacks	> 1 y: 4-8 oz/serving with meals/snacks	2) Consumption at meal to decrease caries risk and limit effects on appetite.
100% juice	< 6 m: none	< 6 m: none	1) Volume recommendations in accordance with American Academy of Pediatrics—too much juice replaces more
	6 m-6 y: ≤ 8 oz (i.e., 1 c or 1 juice box) with a meal or snack	<b>6 m-1 y:</b> < 4 oz with snack	nutritious foods and beverages and increases potential for malnutrition/poor growth. 2) Consumption at meal/snack to decrease caries risk and
		<b>1-6 y:</b> < 6 oz with snack	limit effects on appetite. Can be offered at end of meal/snack to encourage eating solid foods.
Soda-pop (sugared)	< 3 y: none	< 3 y: none	1) Sugared soda-pop has no nutritional value—replaces more nutritious foods and beverages and increases
	<b>2-6 y:</b> < 8 oz with snack	<b>3 y:</b> special occasion only; limit to 8 oz	<ul> <li>potential for malnutrition/poor growth.</li> <li>2) Consumption between meals/snacks increases caries risk and blunts appetite.</li> </ul>
Other sugared beverages (i.e., juice	< 3 y: none	< 3 y: none	1) Sugared soda-pop has no nutritional value—replaces more nutritious foods and beverages and increases
drinks, Kool-Aide®, sports drinks	<b>2-6 y:</b> < 8 oz with snack	<b>3 y:</b> special occasion only; limit to 8 oz	<ul> <li>potential for malnutrition/poor growth.</li> <li>2) Consumption between meals/snacks increases caries risk and blunts appetite.</li> </ul>
Sleeping with bottle/breast	Discontinue	Discontinue	Providing on-demand nighttime feedings increases caries risk and distorts normal feeding behaviors.
Nighttime feedings	<6 m: on demand	<4 m: on demand	1) During early infancy, on demand feeding encourages bonding and food security; stomach is too small to hold
	> 6 m: provide water only	4 -6 m: wean from behavior	<ul> <li>sufficient formula/feeding for structured meals.</li> <li>2) After early infancy, nighttime feedings increases caries risk and distorts normal feeding behaviors.</li> </ul>
		> 6 m: provide water only	

Bottle, sippy cup use	1) The child should be transitioned from bottle to cup
	feedings when the child reaches a <i>developmental</i> age of
	about 1 y and can consume sufficient liquids by cup to
	ensure adequate hydration.
	2) Sippy cups can be used throughout the day—they are
	merely the vehicle to deliver the liquid. Sippy cups can
	contain formula, milk, 100% juice or sugared beverages at
	meals and snacks, but should only contain water or other
	sugar-free beverages between meals/snacks.

Notes:

- 1) Children refusing milk require calcium and vitamin D supplementation.
- 2) As children move from formula to solid foods, basic foods should be introduced. By 2 years of age, the diet should be consistent with MyPyramid.
- 3) Iron status needs to be monitored following transition from infant formula to cow's milk. If meat or other iron-fortified foods are not consumed, iron deficiency is a potential risk. Iron deficiency anemia during early childhood is a leading cause of mental retardation in the United States, particularly among low-income children, and is easily prevented.
- 4) All references to water in the above table refer to tap or plain water. Flavored/carbonated waters with sugar sweeteners (i.e., honey, sucrose, or high fructose corn syrup) should be considered as other sugared beverages, while flavored/carbonated waters without sweeter or with an artificial sweetener (i.e., nutrasweet, acesulfame K) should be considered as other sugar-free beverages.