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SIMPLE SUPPORT FOR BABIES, TODDLERS & NEW PARENTS

# Feeding Guide

A calm, practical Australian companion for milk feeds, starting solids, allergies, choking safety, toddler appetite, fussy eating and family meals from birth to 5 years.

## Inside this guide

- How to use
- Quick summary
- Responsive feeding
- Birth-6 months
- Bottle feeding
- Starting solids
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- Full directory
- Roadmap
- No pressure
- Milk support
- Drinks by age
- Solids checklist
- Iron foods
- Reaction signs



General information only. This guide does not replace medical advice. Call 000 for choking, breathing difficulty, collapse, blue or grey colour, or severe allergic reaction symptoms.

## PARENT COMPANION

# How this guide is organised

## Designed for tired parents

You do not need to read this guide from front to back. Start with your child's age, then jump to the practical tools: mealtime scripts, usually normal tables, allergen tracker, choking safety, food ideas and Australian resources.

| Page group         | What it helps with   | Visual tools  |
|--------------------|--|---|
| Quick start        | The big picture and what matters most                          | Roadmap, icons, calm summary                                |
| Responsive feeding | How to feed without pressure                                   | Hunger/fullness cues, parent/child roles, tiny taste ladder |
| Age stages         | Birth-6 months, 6-12 months, 12-24 months and 2-5 years        | Daily examples, checklists, when to seek help boxes         |
| Safety tools       | Allergens, choking prevention, drinks by age and food safety   | Tracker, safe shapes table, gagging vs choking table        |
| Everyday feeding   | Fussy eating, snacks, desserts, lunchboxes and real food ideas | Scripts, food idea grids, budget ideas                      |
| Help and resources | Where to get support in Australia                              | Resource cards, apps, videos and references                 |

## Best first pages to print

- Starting solids checklist.
- Allergen tracker.
- Choking prevention page.
- What to say at mealtimes.
- Usually normal vs seek help tables.
- Australian resources page.

## A gentle note

- Breastfeeding, formula feeding and mixed feeding can all be part of loving care.
- Food budgets, cultural foods, allergies, sensory needs and family stress all matter.
- You have not failed if feeding feels hard.
- Seek support early. Feeding is a skill children learn over time.

**CLICKABLE NAVIGATION**

# Full guide directory

## Jump to what you need

This directory is designed for practical use. If you are reading digitally, use these links to move around the guide quickly.

| Need                      | Go to   |
|---------------------------|---|
| Quick orientation         | <ul style="list-style-type: none"> <li>Quick summary</li> <li>Feeding roadmap</li> <li>Responsive feeding</li> <li>Pressure-free feeding</li> </ul>                               |
| Milk feeds                | <ul style="list-style-type: none"> <li>Birth to around 6 months</li> <li>Milk support and checklist</li> <li>Formula and bottle feeding</li> <li>Drinks by age</li> </ul>         |
| Starting solids           | <ul style="list-style-type: none"> <li>Starting solids</li> <li>Starting solids checklist</li> <li>Texture progression</li> <li>Iron-rich food ideas</li> </ul>                   |
| Safety                    | <ul style="list-style-type: none"> <li>Introducing allergens</li> <li>Allergic reaction signs</li> <li>Allergen tracker</li> <li>Choking prevention</li> </ul>                    |
| Toddlers and preschoolers | <ul style="list-style-type: none"> <li>12 to 24 months</li> <li>Toddler checklist</li> <li>2 to 5 years</li> <li>Fussy eating</li> </ul>  |
| Mealtime tools            | <ul style="list-style-type: none"> <li>Snacks, dessert and treats</li> <li>What to say at mealtimes</li> <li>Food ideas</li> <li>When and where to seek support</li> </ul>        |
| Normal vs seek help       | <ul style="list-style-type: none"> <li>Milk feeding concerns</li> <li>Solids, gagging and allergy</li> <li>Toddler appetite, fussy eating and stress</li> </ul>                   |
| Resources and references  | <ul style="list-style-type: none"> <li>Clinical resources</li> <li>Support resources</li> <li>Apps, podcasts and videos</li> <li>Safety disclaimer</li> <li>References</li> </ul> |

## START HERE

## Quick summary

### The calm version

Feeding changes many times in the first five years. Babies start with breastmilk and/or infant formula, then learn solids, textures, cups, family foods and eventually more independent eating. Parents provide safe, nourishing food and calm routines. Children learn to notice hunger, fullness, taste, texture and trust.



#### Milk first

Breastmilk or formula is the main food in the first year.



#### Iron early

From around 6 months, start with iron-rich foods.



#### Texture grows

Move from smooth to lumpy, soft finger foods and family foods.



#### No pressure

Pressure and bribery can backfire.



#### Ask early

Support is a strength, not a failure.

### What matters most

- NHMRC encourages exclusive breastfeeding until around 6 months, then continued breastfeeding with suitable complementary foods until 12 months and beyond, for as long as mother and child desire. If breastfeeding is not possible, infant formula is the safest alternative under 12 months. [1]
- From around 6 months, babies need iron-rich foods as well as breastmilk or formula. [1][4]
- Allergenic foods such as cooked egg, peanut, dairy and wheat are usually introduced in the first year once babies are ready for solids, including babies at higher allergy risk, unless your doctor has given individual advice. [6][7]
- After 12 months, water, breastmilk and full-cream cow's milk can be main drinks. Healthy children do not usually need toddler formula. [1][4][11]
- Call 000 for choking, breathing difficulty, collapse, blue or grey colour, or severe allergic reaction symptoms.

## BIRTH TO 5 YEARS

# The feeding roadmap

Birth to around 6  
months

## Milk feeds and cues

Breastmilk and/or infant formula meets nutrition needs for healthy term babies. Feeding is cue-based, frequent and still settling into a rhythm.

Around 6 to 12 months

## Learning solids

Milk remains important, while babies learn iron-rich foods, allergens, textures, cups, self-feeding and family mealtime rhythms.

12 to 24 months

## Toddler transition

Children move towards family foods, more routine meals and snacks, water and full-cream cow's milk if used.

2 to 5 years

## Variety over time

Appetite can be uneven. Calm meals, repeated exposure and family food habits matter more than perfect daily intake.

## Visual rhythm: milk to family meals

Milk feeds

First tastes

Family foods

Confident variety

The exact timing varies. Use development, safety and your child's cues, not comparison with another child.

## If your baby was premature or has medical needs

Use corrected age and follow advice from your GP, paediatrician, dietitian, speech pathologist, lactation consultant or child and family health nurse.

## THE FOUNDATION

# Responsive feeding means you lead with structure and your child keeps body trust

Responsive feeding means noticing hunger and fullness cues, offering appropriate food safely, and responding calmly. It is not permissive feeding. It has clear boundaries, but it avoids pressure, force, shame and bargaining.

## The parent role

- Decide what food and drinks are offered.
- Decide when meals and snacks happen.
- Decide where eating happens.
- Make food safe for age and ability.
- Offer variety over time.
- Keep the emotional tone calm where possible.

## The child role

- Decide whether to eat from what is offered.
- Decide how much to eat.
- Learn hunger and fullness cues.
- Explore tastes, textures and smells.
- Build skills slowly.
- Need support when feeding is hard.

### Hunger cues

Baby turns toward breast or bottle, sucks hands, opens mouth, becomes more alert.

Toddler asks for food, comes to table, becomes irritable near routine meal time.

### Fullness cues

Baby turns away, relaxes hands, slows sucking, pushes teat or spoon away, loses interest.

Toddler says no, closes mouth, plays more than eats, slows down, leaves food.

## WHY IT MATTERS

## Pressure can backfire, even when it comes from love

Pressure often comes from worry: 'Just one more bite', 'You can have dessert if you eat broccoli', or 'Nanna cooked this, don't be rude'. Many families find that pressure makes mealtimes more tense and can make children less willing to listen to their bodies.

### Pressure can look like

- Forcing a spoon or bottle.
- Begging, bargaining or chasing bites.
- Using dessert as the reward for dinner.
- Labelling food as good, bad, naughty or junk.
- Commenting on how much a child eats.
- Making disgusted faces when a child refuses.

### Try instead

- Serve a familiar food alongside a learning food.
- Use neutral language: 'This is carrot. It is crunchy.'
- Let tiny tastes count.
- Let smelling, touching or licking be progress.
- Keep dessert or treats neutral when offered.
- End the meal kindly and offer the next planned meal or snack.

### The tiny taste ladder

Look

Touch

Smell

Lick

Next steps can be bite, chew and swallow. A child does not need to climb the whole ladder in one meal.

## MILK FEEDS

## Birth to around 6 months: milk, cues and growth

For healthy term babies, breastmilk and/or infant formula is the food for the first months. Parents often need reassurance because normal feeding can look frequent, changeable and messy.

### What parents need to know

- Newborns feed often because their stomachs are small.
- Cluster feeding can be normal, especially in the evening.
- Growth spurts can make babies want more feeds.
- Wet nappies, growth, alert periods and settling after feeds are useful signs.
- Some spilling can be normal, but forceful vomiting or poor growth needs review.
- Mixed feeding is common and can be supported without shame.

### What this can look like at home

- A breastfed baby may feed 8-12 or more times in 24 hours early on.
- A formula-fed baby may have a more predictable bottle pattern, but still feeds to cues.
- A baby may want a top-up after a long afternoon.
- A parent may need help with latch, pain, supply worries or bottle flow.
- Night feeds are normal.
- Some days feel less organised than others.

### Avoid

Do not prop bottles, put babies to bed with bottles, force a baby to finish a bottle, dilute formula, make homemade formula, or start solids before your baby is developmentally ready unless a clinician gives individual advice.

PRACTICAL HELP

# Birth to 6 months: challenges, examples and checklist

## Common challenges

- Painful breastfeeding or damaged nipples.
- Worry about supply.
- Bottle refusal or very fast bottle flow.
- Frequent spilling or reflux-like discomfort.
- Sleepy baby who is hard to feed.
- Parent exhaustion and anxiety.

## Practical examples

- For bottle flow: hold baby semi-upright, pause often, and watch for turning away or milk leaking fast.
- For breast pain: seek support early from a lactation consultant, midwife, ABA or child and family health nurse.
- For mixed feeding: keep a simple note of feeds and nappies for a few days, not forever.
- For formula: prepare exactly as the tin says and throw out unfinished formula after one hour.

| Seek help if   | Who can help   |
|--|--|
| Fewer wet nappies, poor weight gain, very sleepy baby, dehydration signs or fever.       | GP, child and family health nurse, paediatrician or emergency service.   |
| Painful latch, nipple damage, mastitis symptoms, supply anxiety or feeding plan worries. | Lactation consultant, midwife, ABA, GP or child and family health nurse. |
| Coughing, choking, colour change, noisy breathing or repeated distress during feeds.     | GP, speech pathologist, paediatrician or emergency service if severe.    |

## Short parent checklist

- I know the hunger and fullness cues my baby usually shows.
- I know who to call if feeding becomes painful, stressful or unsafe.
- If using formula, I prepare and store it safely.
- I do not force my baby to finish feeds.
- I seek help early if nappies, weight, alertness or breathing worry me.

## SAFE PREPARATION

# Formula, expressed milk and bottle feeding: safe and responsive

If breastfeeding is not possible or not chosen, infant formula is the safe alternative under 12 months. Bottle feeding can still be warm, connected and responsive.

## Safe formula habits

- Wash hands and use a clean preparation area.
- Sterilise bottles, teats and rings until 12 months. [10]
- Use cooled boiled water and the scoop from the tin.
- Add water first, then powder, exactly as directed.
- Do not add extra powder or extra water.
- Throw out formula left in the bottle after a feed.

## Responsive bottle habits

- Hold baby close and semi-upright.
- Keep the bottle horizontal enough that milk flow is not too fast.
- Pause and let baby rest.
- Switch sides sometimes if comfortable.
- Stop when baby turns away, relaxes or stops sucking.
- Avoid bottle propping and bottles in bed.

## Travelling with formula

Many Australian services recommend carrying cooled boiled water and powder separately, then mixing when needed. If formula is already prepared, keep it cold and follow safe time limits. [10][21]

## MILK AND WATER

# Drinks by age

| Age                      | Main drinks  | Keep in mind   |
|--------------------------|--|--|
| Birth to around 6 months | Breastmilk and/or infant formula.  | No water as a drink before 6 months unless a health professional gives advice. Do not use cow's milk or plant milks as the main drink.   |
| Around 6 to 12 months    | Breastmilk and/or infant formula remain important. Offer cooled boiled water in a cup with meals for practice. [4] | Cow's milk can be used in foods like yoghurt or cheese, but not as the main drink before 12 months. Avoid juice and sweet drinks.  |
| 12 months plus           | Water, breastmilk if continuing, and full-cream cow's milk if used. [1][4]   | Infant formula is usually not needed after 12 months. Toddler milk is not required for healthy children. Full-fat dairy is recommended until 2 years unless advised otherwise. |
| 2 to 5 years             | Water and milk with meals or planned snacks.   | Avoid sweet drinks, cordial, soft drink and routine juice. Use dental and dietitian advice for children with allergies or limited diets.                                       |

## Juice and sweet drinks

- Whole fruit is usually a better choice than juice.
- Juice can displace food and contribute to tooth decay.
- Sweet drinks can make children less interested in meals.
- Keep water easy to access.

## Dairy alternatives

- Plant-based drinks vary widely.
- They are not suitable as the main milk drink for babies under 12 months.
- For children under 2 or with allergy, ask a GP or Accredited Practising Dietitian.
- Choose unsweetened fortified options only when appropriate for your child.

## AROUND 6 MONTHS

# Around 6 to 12 months: starting solids without panic

Babies usually start solids around 6 months, but not before 4 months, when they are developmentally ready. First foods are about nutrients and learning: taste, texture, chewing, cups, family mealtimes and body cues.

## Signs of readiness

- Good head and neck control.
- Can sit upright with support.
- Shows interest in food.
- Opens mouth when food is offered.
- Reaches for food or watches others eat.
- Tongue thrust reflex has reduced.

## First foods

- Start with iron-rich foods where possible.
- Offer soft smooth or finely mashed textures first.
- Add vegetables, fruit, grains and full-fat yoghurt or cheese.
- Use family foods without added salt or sugar.
- Offer small amounts and follow baby's appetite.
- Keep breastmilk or formula going.

| A simple first week might look like | Example  |
|-------------------------------------|--|
| Day 1-2                             | One to two teaspoons of iron-fortified infant cereal mixed with breastmilk/formula, or smooth lentil/meat puree. |
| Day 3-4                             | Add mashed pumpkin, sweet potato or avocado alongside the iron food.   |
| Day 5-7                             | Try cooked egg, smooth peanut butter thinned into cereal/yoghurt, or soft tofu if this suits your family.        |

PRINTABLE

## Starting solids checklist

### Before you start

- Baby can sit upright with support and has good head control.
- Baby shows interest in food and opens mouth for food.
- I have a safe, upright feeding place.
- I know the difference between gagging and choking.
- I know to call 000 for choking or breathing trouble.
- I have a plan for allergen introduction if my baby has severe eczema or previous reactions.

### During the first month

- Offer iron-rich foods most days.
- Offer water in a cup for practice.
- Move textures forward when baby manages current texture.
- Keep milk feeds responsive.
- Introduce common allergens in baby-safe forms.
- Keep tolerated allergens in the diet regularly where possible.

### No perfect pace

Some babies eat spoons quickly. Others lick, gag, play, smear and swallow almost nothing at first. If growth, nappies and development are on track, learning can be gradual.

## CHEWING SKILLS

## Texture progression: move forward gently

Texture progression helps babies build chewing, self-feeding and oral motor skills. Babies do not need teeth to manage many soft foods, but foods must be safe for their stage.

| Stage                  | Texture examples  | What it can look like at home                                   |
|------------------------|---|---|
| Smooth                 | Smooth puree, iron-fortified cereal, smooth lentils, mashed egg.                            | Offer a small amount on spoon. Let baby lean in or turn away.   |
| Mashed with soft lumps | Mashed pumpkin, soft rice, mashed beans, mince in sauce, thick yoghurt with soft fruit.     | Baby may gag as they learn. Keep calm and watch closely.        |
| Soft finger foods      | Toast fingers, ripe banana strips, avocado wedge, soft cooked carrot stick, omelette strip. | Food should squash easily between fingers. Sit with baby.       |
| Chopped family foods   | Soft pasta, rice and dhal, fish flakes with potato, shredded chicken, cooked veg pieces.    | By around 12 months, many babies eat modified family foods. [4] |

### Introduce a new texture by

- Putting a tiny amount beside a familiar texture.
- Modelling chewing with your own mouth.
- Letting baby touch and squish it first.
- Offering water in a cup.
- Trying again another day without pressure.

### Seek help if

- Baby cannot progress beyond smooth puree.
- Frequent coughing, choking or wet-sounding breathing occurs.
- Meals cause distress every time.
- Baby vomits with textures repeatedly.
- Growth, hydration or intake worries you.

**FIRST FOODS**

# Iron-rich food ideas

By around 6 months, babies' iron stores are dropping, so iron-rich foods are important first foods. [4][5] Choose foods that fit your family, culture, budget and baby's skills.

| Food                         | Baby-safe ideas  | Family meal link                                      |
|------------------------------|--|---|
| Meat, chicken, fish          | Slow-cooked meat blended with veg, finely minced bolognese, fish flakes mixed with potato. | Savoury mince, meatballs, tuna patties, chicken soup. |
| Egg                          | Well-cooked mashed egg, omelette strip, egg mixed into fried rice-style soft rice.         | Breakfast eggs, frittata, egg and veg muffins.        |
| Legumes                      | Smooth lentils, dhal, hummus thinly spread, mashed chickpeas or beans.                     | Dhal and rice, bean soup, lentil pasta sauce.         |
| Tofu                         | Soft tofu strips, tofu blended into veg puree, tofu scramble.                              | Stir-fry components, noodles, rice bowls.             |
| Iron-fortified infant cereal | Mixed with breastmilk/formula, fruit, yoghurt or smooth peanut butter.                     | Quick breakfast base when everyone is tired.          |

## Boost absorption

- Offer vitamin C foods with plant iron: berries, citrus, tomato, capsicum or broccoli.
- Use meat, fish or poultry where suitable.
- Avoid giving tea or coffee to children.
- Ask for advice if your child eats no iron foods.

## Budget-friendly

- Lentils, beans and chickpeas.
- Eggs.
- Tinned fish with bones removed where age-safe.
- Frozen vegetables.
- Oats and iron-fortified cereals.

## AUSTRALIAN GUIDANCE

## Introducing common allergy-causing foods

ASCIA and the National Allergy Council recommend introducing common allergy-causing foods in the first year once babies are ready for solids, including babies at higher allergy risk. [6][7] If your baby has severe eczema, a previous reaction or known food allergy, seek medical advice first.

### Common allergens

- Egg.
- Peanut.
- Tree nuts.
- Cow's milk products.
- Wheat.
- Soy.
- Sesame.
- Fish and shellfish.
- Lupin.

### Baby-safe ways

- Well-cooked egg mashed into food.
- Smooth peanut butter thinned with warm water, breastmilk, formula, yoghurt or cereal.
- Full-fat yoghurt or cheese.
- Wheat toast fingers or pasta.
- Smooth tahini mixed into yoghurt or puree.
- Soft fish flakes checked carefully for bones.

### Keep it in the diet

Once an allergen is tolerated, keep offering it regularly where possible. If it disappears for months, ask your GP, child health nurse or dietitian how to reintroduce it.

## KNOW WHAT TO WATCH

# Allergic reaction signs and when to call Triple Zero

| Reaction type               | Possible signs  | What to do  |
|-----------------------------|---|---|
| Mild to moderate            | Hives or welts, swelling of lips/face/eyes, vomiting, tummy pain, worsening eczema soon after food.                                     | Stop that food. Take photos if safe. Seek medical advice. Follow any ASCIA plan.                      |
| Severe allergy/anaphylaxis  | Difficult/noisy breathing, swollen tongue, throat tightness, wheeze or persistent cough, collapse, pale/floppy child, blue/grey colour. | Use adrenaline autoinjector if prescribed, call 000 and ask for an ambulance. Follow ASCIA plan. [12] |
| Delayed or unclear symptoms | Loose stools, eczema flares, reflux-like symptoms, unsettled behaviour or poor growth.  | Do not remove many foods without advice. See GP, paediatrician, allergy specialist or dietitian.      |

## Seek medical advice before introducing allergens if

- Baby has severe eczema.
- Baby already has a food allergy.
- Baby had a previous reaction to a food.
- You have been told to avoid a food.
- Baby has complex medical needs.
- You feel too anxious to start without a plan.

## Keep it calm

- Offer the new allergen earlier in the day if that helps you observe.
- Start with a tiny amount.
- Keep baby seated and supervised.
- Avoid rubbing food on skin as a 'test'.
- Use trusted guidance, not social media challenges.

PRINTABLE

# Printable allergen tracker

| Food           | Baby-safe form   | Date first offered | Reaction notes | Next offered |
|----------------|--|--------------------|----------------|--------------|
| Egg            | Well-cooked egg, mashed or omelette strip              |                    |                |              |
| Peanut         | Smooth peanut butter thinned into puree/cereal/yoghurt |                    |                |              |
| Cow's milk     | Yoghurt, cheese or milk in food before 12 months       |                    |                |              |
| Wheat          | Toast finger, pasta, wheat cereal                      |                    |                |              |
| Soy            | Soft tofu, soy yoghurt if suitable                     |                    |                |              |
| Tree nuts      | Smooth nut paste thinned into food                     |                    |                |              |
| Sesame         | Tahini thinned into yoghurt or puree                   |                    |                |              |
| Fish/shellfish | Soft cooked flakes, bones removed                      |                    |                |              |

## How to use this page

Write the date, amount and any symptoms. If there is a reaction, stop that food and seek advice. For severe symptoms, call 000.

## FOOD SAFETY

# Choking prevention and food safety

Choking prevention is not about fear. It is about shape, texture, supervision and learning first aid. Babies and young children should eat seated, awake and supervised.

| Food                                 | Avoid or modify  |
|--------------------------------------|--|
| Grapes, cherry tomatoes, blueberries | Cut lengthways into quarters. Squash blueberries for younger babies.                 |
| Sausages and frankfurts              | Cut lengthways into thin strips, then small pieces. Avoid coin shapes.               |
| Raw carrot and hard apple            | Cook until soft, grate finely, or cut into very thin matchsticks for older children. |
| Popcorn, hard lollies, chewing gum   | Avoid for young children.  |
| Whole nuts and large seeds           | Avoid whole. Use smooth nut/seed pastes thinned and spread thinly.                   |
| Meat, fish, chicken                  | Cook until soft, shred or mince, remove bones and gristle.                           |

## Always

- Sit your child upright.
- Supervise closely.
- Keep meals calm and unhurried.
- Avoid eating while running, playing, crawling or in the car if you cannot supervise.
- Offer age-safe textures.
- Learn baby and child first aid.

## Gagging vs choking

- Gagging can be noisy, red-faced and scary but air is moving.
- Choking may be silent or weak, with no effective cough.
- If your child cannot breathe, cough or cry, act immediately and call 000.
- Do not put fingers blindly into the mouth.

## TODDLER TRANSITION

# 12 to 24 months: family foods, routines and uneven appetite

After 12 months, many children eat family foods in safe shapes. Appetite often becomes less predictable because growth slows compared with infancy and toddlers want independence.

## What parents need to know

- Offer 3 meals and 2-3 planned snacks most days.
- Water can be the everyday drink.
- Full-cream cow's milk can be used after 12 months if suitable.
- Breastfeeding can continue as long as parent and child want.
- Infant formula is usually not needed after 12 months.
- Toddler formula is usually not needed for healthy children.

## Common challenges

- Throwing food.
- Refusing dinner after eating well earlier.
- Wanting snacks straight after meals.
- Only wanting beige or familiar foods.
- Drinking too much milk and eating less food.
- Mess, slow eating and sudden food opinions.

| A simple day might look like | Example   |
|------------------------------|---|
| Breakfast                    | Porridge with banana and peanut butter, or egg on toast with fruit.                                   |
| Snack                        | Yoghurt, fruit, cheese, hummus on toast, or leftovers.  |
| Lunch                        | Pasta with tuna and peas, rice with lentils, sandwich strips and cucumber, or leftovers.              |
| Dinner                       | Family meal modified safely: curry and rice, mince sauce pasta, fish and potato, stir-fry components. |

## PRACTICAL RHYTHM

# 12 to 24 months: what to avoid, seek help and checklist

## What to avoid

- All-day grazing that removes appetite for meals.
- Large bottles or cups of milk before meals.
- Chasing bites around the house.
- Using dessert as a bribe.
- Making a second dinner every time food is refused.
- Calling your child naughty for messy learning.

## Seek help if

- Your child eats a very narrow range and it is shrinking.
- There is choking, coughing, gagging distress or vomiting at meals.
- Growth, iron, constipation or hydration worries you.
- Your child cannot manage textures expected for age.
- Meals are highly stressful most days.
- You feel anxious, stuck or pressured by family advice.

## Short parent checklist

- I offer meals and snacks at roughly predictable times.
- I include at least one familiar food with meals.
- I keep milk and snacks from crowding out meals where possible.
- I let my child decide how much to eat from what is offered.
- I know when to ask a GP, dietitian or speech pathologist for help.

## PRESCHOOL YEARS

## 2 to 5 years: variety grows slowly

Preschool feeding is about patterns over time, not perfect plates. Children may eat a lot one day and almost nothing the next. Look at the week, growth, energy and mood rather than one meal.

### What is usually normal

- Big appetite swings.
- Needing many exposures before accepting a food.
- Refusing mixed foods but eating parts separately.
- Liking food one day and rejecting it another day.
- Eating more at breakfast or lunch than dinner.
- Wanting control over plate layout or food touching.

### Build variety by

- Offering tiny amounts of learning foods.
- Serving new foods next to familiar foods.
- Using family meals without pressure.
- Letting children help wash veg or stir batter.
- Repeating foods in different forms.
- Keeping snacks predictable.

| New food next to familiar food | What this can look like   |
|--------------------------------|---|
| Chicken nuggets are familiar   | Add one pea-sized piece of roast chicken or fish beside nuggets.        |
| Plain pasta is familiar        | Put sauce in a tiny side blob for dipping, not mixed through yet.       |
| Toast is familiar              | Try a thin scrape of hummus, avocado or smooth nut paste on one corner. |
| Rice is familiar               | Add a few lentils or tiny mince pieces beside rice, not hidden.         |

## LOW PRESSURE

## Fussy eating: calm repetition beats pressure

Fussy eating is common in toddlers and preschoolers. It can be part of development, independence and changing appetite. Repeated exposure means offering a food many times in low-pressure ways, not forcing repeated bites.

### If dinner is refused

- Stay neutral: 'You don't have to eat it.'
- Keep the meal available for a reasonable time.
- Do not cook a new preferred meal immediately.
- Offer the next planned snack or breakfast.
- Notice whether snacks or milk are too close to dinner.
- Try again another day.

### If beige foods dominate

- Keep safe familiar beige foods while adding tiny colour.
- Use dips, grated cheese, yoghurt or avocado if accepted.
- Try one change at a time: shape, brand, colour or texture.
- Add iron-rich familiar options: egg, meatballs, baked beans, hummus, nut paste.
- Avoid shaming the beige foods.
- Seek help if the range keeps shrinking.

### No perfect meals needed

A meal can be toast, egg and fruit. It can be rice, yoghurt and cucumber. It can be leftovers on the floor mat. Feeding children is real life, not a staged lunchbox photo.

## BALANCE

# Snacks, dessert and treats without turning food into a battle

## Snacks

- Use planned snack times rather than all-day grazing.
- Include protein, fat or fibre where possible.
- Keep water available.
- Let some snacks be simple: fruit, yoghurt, cheese, toast, leftovers.
- A snack straight after refused dinner can teach waiting is hard, so use your routine.
- If your child truly needs food, offer a predictable simple option.

## Dessert and treats

- Avoid using dessert as a reward for eating dinner.
- When dessert is offered, keep the portion calm and predictable.
- You can serve dessert with the meal sometimes to reduce bargaining.
- Use neutral words like 'sometimes foods' rather than naughty foods.
- Keep family and cultural celebrations joyful.
- Children can learn that all foods fit, and some foods are everyday foods.

## Snack after dinner

Dinner is finished. The next food is breakfast. If your tummy feels hungry, you can have water and we will eat in the morning.

## Dessert request

Dessert is not something you earn. Tonight we have yoghurt and fruit. You can choose to eat dinner, dessert, both or neither.

## WHAT TO SAY

# What to say at mealtimes

## Child refuses food

You do not have to eat it. It can stay on your plate while we eat.

## Child throws food

Food stays on the table. If you throw again, I will move the plate away and we can try later.

## Child says yuck

You can say, 'No thank you'. Other people are still eating.

## Snacks straight after dinner

The kitchen is closed for now. Your next chance to eat is breakfast. I know waiting can feel hard.

## Only wants beige foods

Toast is safe for you. I am putting a tiny piece of chicken next to it. You can learn about it slowly.

## Scared to try something new

New foods can feel surprising. You can look, smell or touch it today. A tiny lick counts if you want to try.

## Dessert before dinner

Dessert is available tonight. It is not a reward. You can listen to your tummy and choose what to eat.

## Grandparent pressures more bites

We are helping her listen to her body. Please let her decide how much to eat from what is offered.

## Parent feels anxious

I am noticing my worry. One meal is not the whole story. I can look at the week, growth, energy and nappies/wees, and ask for help if I am still worried.

**EVERYDAY OPTIONS**

# Practical food ideas for Australian families

| Moment                       | Ideas  |
|------------------------------|--|
| Easy breakfasts              | Porridge with fruit and nut paste; egg on toast; yoghurt with oats; wheat biscuit cereal with milk; avocado toast; leftovers.                            |
| Easy snacks                  | Fruit and cheese; yoghurt; hummus on toast; boiled egg; pikelets; leftover pasta; smoothie in a cup; rice cakes with avocado.                            |
| Toddler lunches              | Leftover pasta; tuna and rice; egg wrap; chicken and avocado sandwich strips; dhal and rice; veggie fritters; soup with toast.                           |
| Family dinners               | Mince and veg sauce; roast chicken with potato and soft veg; tofu noodles; lentil curry; fish patties; rice bowls; omelette and salad bits.              |
| Culturally flexible examples | Roti with dhal; rice congee; couscous and lamb; beans and tortillas; noodles with egg; rice and fish; injera with lentils where family food is familiar. |
| Budget-friendly              | Frozen veg, oats, eggs, lentils, beans, tinned tomatoes, home-brand yoghurt, seasonal fruit, leftovers, bulk-cooked sauces.                              |

## Five food groups, not perfect plates

Across the week, aim for variety from vegetables and legumes, fruit, grains, meat/alternatives and dairy/alternatives. It is not necessary to hit every group at every meal. [11]

USUALLY NORMAL VS SEEK HELP

## Usually normal vs seek help: milk feeding

| Topic           | Usually normal   | Try this   | Seek help if   |
|-----------------|--|--|--|
| Breastfeeding   | Frequent feeds, cluster feeds, softer breasts over time, baby wanting comfort feeds. | Feed to cues, check attachment, rest where possible, use ABA/child health nurse/lactation support.               | Pain, cracked nipples, fever/mastitis symptoms, poor nappies, poor growth, sleepy baby, parent distress.                         |
| Formula feeding | Variable amounts, some spills, changing feed times, not always finishing bottles.    | Use correct preparation, pace feeds, stop at fullness cues, check teat flow.                                     | Vomiting is forceful, coughing/choking, poor growth, constipation/dehydration, formula is being diluted or feeds feel unsafe.    |
| Growth concerns | Children move along individual growth patterns and may have appetite changes.        | Use regular checks with child health nurse/GP, look at the whole child, avoid home weigh-ins becoming stressful. | Weight crosses centile lines sharply, poor nappies/wees, lethargy, feeding refusal, developmental concerns or clinician concern. |

USUALLY NORMAL VS SEEK HELP

## Usually normal vs seek help: solids, gagging and allergy

| Topic               | Usually normal   | Try this  | Seek help if  |
|---------------------|--|---|---|
| Starting solids     | Tiny tastes, mess, gagging sometimes, variable intake, changes in poo.   | Offer 1-2 teaspoons to start, include iron foods, keep milk feeds, progress textures gradually. | Baby is not ready by around 7 months, cannot sit with support, refuses all solids, poor growth, or feeding causes distress. |
| Gagging and choking | Gagging can be noisy with tongue thrusting and red face while air moves. | Stay calm, supervise, use safe shapes, progress textures carefully, learn first aid.            | Child cannot breathe/cough/cry, turns blue/grey, has repeated choking, coughs with feeds or has wet breathing.              |
| Allergy symptoms    | Mild rash may have many causes and needs context.                        | Stop suspect food, photograph symptoms, seek GP/allergy advice, follow ASCIA plan.              | Breathing trouble, tongue/throat swelling, collapse, pale/floppy child or blue/grey colour: call 000.                       |

USUALLY NORMAL VS SEEK HELP

## Usually normal vs seek help: toddlers, fussy eating and parent stress

| Topic            | Usually normal  | Try this  | Seek help if  |
|------------------|---|---|---|
| Toddler appetite | Huge breakfast, tiny dinner, changing favourites, appetite dips with slower growth. | Use meal/snack rhythm, include familiar foods, limit all-day grazing and large milk before meals. | Low energy, poor growth, dehydration, constipation, persistent vomiting, or very limited intake.              |
| Fussy eating     | Rejecting new foods, wanting foods separate, needing many exposures.                | Keep pressure low, offer tiny learning foods, eat together, repeat without bribery.               | Food range is shrinking, fewer than a small handful of foods, distress, gagging/vomiting or sensory concerns. |
| Parent stress    | Feeling worried after refused meals or family comments.                             | Use scripts, look at the week, ask for support, reduce social media comparison.                   | Anxiety is high, mealtimes feel traumatic, you dread feeding, or you feel pressure to force-feed.             |

## WHO CAN HELP

# When and where to seek support

## Ask early

You do not need to wait until feeding is a crisis. Early support can prevent stress from becoming the main ingredient at every meal.

| Concern  | Helpful professionals  |
|--|--|
| Breastfeeding pain, supply worries, mastitis, pumping or weaning                     | Lactation consultant, midwife, Australian Breastfeeding Association, GP, child and family health nurse.                |
| Growth, iron, constipation, allergies, restricted diet or nutrition                  | GP, child and family health nurse, Accredited Practising Dietitian, paediatrician, allergy specialist.                 |
| Coughing, choking, texture refusal, swallowing, oral motor or feeding skill concerns | GP, speech pathologist with feeding experience, paediatrician, occupational therapist where relevant.                  |
| Fussy eating, anxiety, sensory concerns, mealtime battles                            | GP, child and family health nurse, dietitian, speech pathologist, occupational therapist, psychologist where relevant. |

## Appointment phrase

Feeding has become stressful and I need a plan. These are the foods my child accepts, what happens at meals, and what worries me most.

## TRUSTED AUSTRALIAN SOURCES

# Curated Australian clinical and feeding resources

Australian-based

## NHMRC Infant Feeding Guidelines

Best for Australian policy-level guidance on breastfeeding, formula, solids and drinks from birth to around 2 years.

<https://www.nhmrc.gov.au/health-advice/public-health/nutrition/infant-feeding-guidelines>

Australian-based

## Pregnancy Birth and Baby

Best for parent-friendly articles and phone/video support from maternal child health nurses.

<https://www.pregnancybirthbaby.org.au/>

Australian-based

## Raising Children Network

Best for practical feeding, solids, fussy eating, bottle feeding and toddler nutrition guidance.

<https://raisingchildren.net.au/>

Australian-based

## healthdirect Australia

Best for medically governed health information, service finder and 24-hour advice line.

<https://www.healthdirect.gov.au/>

Australian-based

## ASCIA

Best for allergy prevention, food allergy, anaphylaxis and action plan information.

<https://www.allergy.org.au/>

Australian-based

## National Allergy Council and Nip allergies in the Bub

Best for practical videos and recipes on introducing common allergy-causing foods.

<https://nationalallergycouncil.org.au/programs/nip-allergies-in-the-bub-program>

## TRUSTED AUSTRALIAN SOURCES

# Australian support, nutrition and safe sleep resources

Australian-based

## Australian Breastfeeding Association

Best for breastfeeding helpline, live chat, local support and evidence-led breastfeeding information.

<https://www.breastfeeding.asn.au/>

Australian-based

## Eat for Health

Best for the Australian Dietary Guidelines, five food groups and toddler serve guidance.

<https://www.eatforhealth.gov.au/>

Australian-based

## Red Nose Australia

Best for safe sleep guidance, including safe settling after feeds and keeping babies safe if parents are tired.

<https://rednose.org.au/>

Australian-based

## Child and family health services

Best for local growth checks, feeding support and referral. Use your state/territory service or Pregnancy Birth and Baby to find support.

<https://www.pregnancybirthbaby.org.au/child-health-nurse>

## HELPFUL EXTRAS

# Helpful apps, podcasts, websites and videos

## App

## Feed Safe

Free Australian app from ABA, Reach Health Promotion Innovations and Curtin University to support decisions about alcohol and breastfeeding.

<https://www.healthdirect.gov.au/feed-safe-app>

## Podcast

## Breastfeeding ... with ABA

Australian Breastfeeding Association podcast and blog with parent stories and evidence-led breastfeeding information.

<https://www.breastfeeding.asn.au/breastfeedingwithABA>

## Videos

## Nip allergies in the Bub videos

Practical Australian videos for introducing allergens and managing eczema as part of allergy prevention.

<https://nationalallergycouncil.org.au/resources-links/food-allergy-prevention/animations>

## Videos

## Raising Children Network videos

Short Australian videos and articles on baby, toddler and preschool feeding topics.

<https://raisingchildren.net.au/>

## Website

## healthdirect and Pregnancy Birth and Baby

Useful when you need medically governed information and help deciding where to seek care.

<https://www.pregnancybirthbaby.org.au/>

## App

## Raising Healthy Minds

Useful when mealtime stress connects with parent stress, emotions or family wellbeing.

<https://www.healthdirect.gov.au/raising-healthy-minds-app>

**MEDICAL DISCLAIMER**

# Safety and medical disclaimer

## General information only

This guide provides general information and practical support. It does not replace medical, nutrition, allergy, lactation, speech pathology, feeding therapy or emergency advice for your child.

## Speak with a professional when needed

- GP.
- Child and family health nurse.
- Lactation consultant.
- Accredited Practising Dietitian.
- Speech pathologist.
- Paediatrician.
- Allergy specialist.
- Emergency service.

## Call 000 for

- Choking or inability to breathe, cough or cry.
- Blue or grey colour.
- Collapse or unresponsiveness.
- Severe allergic reaction symptoms.
- Difficult or noisy breathing.
- Swelling of tongue or throat.
- A child who is pale, floppy or very drowsy after a possible allergen.

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