



firstyears.com.au

SIMPLE SUPPORT FOR BABIES, TODDLERS & NEW PARENTS

First Foods Starter Guide

A calm Australian companion for starting solids, safe textures, iron-rich foods, allergen introduction, choking prevention and the move toward family meals.

Inside this guide

- [How to use](#)
- [Quick summary](#)
- [Extra support](#)
- [Texture ladder](#)
- [Finger foods](#)
- [Iron table](#)
- [Food ideas](#)
- [Milk and water](#)
- [Full directory](#)
- [Readiness](#)
- [Safe setup](#)
- [Puree and lumps](#)
- [Iron foods](#)
- [First 4 weeks](#)
- [Family foods](#)
- [Allergens](#)



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 from front to back. Start with readiness and safe setup, then use the pages that match your current worry: textures, allergens, gagging, milk, tiny amounts, food refusal or family advice.

Page group	What it helps with	Useful visual tools
Quick start	The big picture: when to begin, what matters most and what does not need to be perfect.	Quick summary, roadmap, icons
Readiness and safety	How to know baby is ready and how to set up the first meal.	Readiness checklist, first meal setup checklist
Textures and foods	How to move from smooth foods to soft family foods without pressure.	Texture ladder, food idea tables
Allergens and choking	How to introduce common allergy foods and reduce choking risk.	Allergen table, tracker, risky food modifications
Everyday problems	What to say, what to try and when to seek help.	Scripts, troubleshooting tables, usually normal vs seek help
Support	Where to find trusted Australian guidance, videos and tools.	Resource cards, reference list

Best pages to print

- Is my baby ready?
- First meal setup checklist.
- Texture ladder.
- Allergen tracker.
- Risky food modification table.
- Usually normal vs seek help tables.

First Years tone

- Flexible, not strict.
- Responsive, not pressured.
- Family foods are welcome when made safe.
- Tiny tastes and mess are part of learning.
- Seek support early if feeding feels hard.

CLICKABLE GUIDE MAP

Full guide directory

This directory gives the full page-by-page structure for the downloadable guide. Use it like a calm menu when you need one specific answer.

[Quick summary](#)[Is my baby ready?](#)[Prematurity and extra support](#)[First meal setup](#)[Texture ladder overview](#)[Puree, mashed and lumps](#)[Finger foods and family foods](#)[Iron-rich first foods](#)[Iron foods table](#)[First 4 weeks rhythm](#)[First food ideas](#)[Family foods made safe](#)[Milk, water and drinks](#)[Allergen principles](#)[Allergen serving table](#)[Reaction signs](#)[Allergen tracker](#)[Gagging and choking](#)[Risky food modifications](#)[Purees, finger foods or both](#)[What to say](#)[Troubleshooting](#)[Usually normal tables](#)[9 to 12 months](#)[12 to 24 months](#)[Budget and equipment](#)[Cultural family foods](#)[Common questions](#)[Parent checklists](#)[Australian resources](#)[Apps, videos and tools](#)[Safety disclaimer](#)[References](#)

START HERE

Starting solids in one calm page

**Around 6 months**

Most babies begin solids around 6 months when ready, and not before 4 months.

**Milk still matters**

Breast milk or infant formula remains the main nutrition through the first year.

**Iron first**

Iron-rich foods help refill stores that naturally drop from around 6 months.

**Textures teach**

Puree, mash, soft lumps and finger foods build chewing and oral skills.

**Allergens early**

Common allergy foods are usually introduced in baby-safe forms before 12 months.

What matters most

- Baby is developmentally ready: supported sitting, good head and neck control, interest in food and ability to bring things to the mouth.
- A calm, upright, supervised eating setup.
- Soft, safe textures and shapes.
- Iron-rich foods offered often.
- Allergy foods introduced one at a time once solids have started, unless your health professional advises otherwise.

What does not need to be perfect

- Baby may only lick, smear, chew or spit out food at first.
- Mess is learning, not failure.
- The first month is practice, not a strict meal plan.
- You can use purees, finger foods or a mixed approach.
- Family foods can often be adapted safely without buying special baby products.

No perfect start required

A few calm tastes in a safe chair can be a good first meal. Your baby is learning what food feels like, smells like and does in their mouth. Tiny amounts count.

BEFORE THE FIRST SPOON

Is my baby ready?

Readiness is more than age alone. Australian guidance usually points to around 6 months, when babies need extra nutrients such as iron and are more able to manage food safely. Solids are not recommended before 4 months.

Usually ready signs

- Can sit upright with support in a highchair.
- Has good head and neck control.
- Shows interest in food: watching, reaching, opening mouth.
- Can bring toys or hands to mouth.
- Can move food backwards in the mouth more often than pushing everything out.

May not be ready yet

- Cannot hold head steady when supported.
- Slumps sideways or backwards in the chair.
- Is very sleepy, unwell or distressed at meals.
- Consistently pushes food straight out with the tongue.
- Shows no interest and becomes upset each time food is offered.

If baby is premature

Use your baby's corrected age as one part of the picture and check with your GP, paediatrician or child and family health nurse. Premature babies, babies with growth concerns or babies with medical needs may need personalised advice.

Is my baby ready? checklist

- My baby is around 6 months, or I have received personalised advice if earlier or later.
- My baby can sit upright with support.
- My baby's head and neck control is steady.
- My baby is awake, calm and interested.
- My baby can bring hands or toys to the mouth.
- I have a safe highchair or supported seat ready.
- I know who to call if I am worried about feeding, allergy, growth or swallowing.

PERSONALISED ADVICE

When to get advice before or soon after starting

Most babies can begin solids at home when they are developmentally ready. Some babies benefit from extra planning first. Seeking support early is not overreacting - it can make feeding safer and calmer.

Seek advice first if

- Baby was born premature and you are unsure about corrected age or feeding readiness.
- Baby has poor growth, faltering weight gain or dehydration concerns.
- Baby has a complex medical condition, heart or breathing condition, neurological condition or history of aspiration.
- Baby has severe eczema, known food allergy, previous reaction to food or an allergy action plan.
- Baby has persistent vomiting, coughing, choking, wet breathing or distress during feeds.

Who can help

- GP or paediatrician for medical and growth concerns.
- Child and family health nurse for feeding readiness, routines and parent support.
- Lactation consultant for breastfeeding or mixed feeding concerns.
- Accredited Practising Dietitian for nutrition, allergies, vegetarian diets or growth.
- Speech pathologist for swallowing, texture, gagging or oral-motor concerns.
- Allergy specialist for complex allergy risk or reactions.

A supportive reframe

Needing feeding support does not mean you have done anything wrong. Some babies need more help learning this skill, just as some need more help with sleep, movement or communication.

FIRST MEAL SAFETY

How to set up a first meal

A safe setup matters as much as the food. Babies need upright bodies, close supervision and textures they can manage. Choose a time when baby is awake and calm, not very hungry, exhausted or upset.

Safe setup basics

- Baby sits upright with hips supported and head steady.
- An adult stays close and watches the whole meal.
- Food is soft enough to squash between fingers or is smooth/mashed.
- Food is served in safe shapes, not hard rounds or chunks.
- A small amount of cooled boiled water can be offered in a cup from around 6 months for practice.
- Stop if baby turns away, cries, arches, clamps mouth shut or becomes overwhelmed.

Avoid unsafe eating

- Eating in the car seat, pram or while lying down.
- Eating while crawling, walking, playing or distracted.
- Leaving baby alone with food, even soft food.
- Offering hard, round, sticky or coin-shaped foods.
- Putting food into baby's mouth when they are crying or laughing.
- Forcing another spoon after baby turns away.

First meal setup checklist

- Baby is upright and supported.
- Baby is awake and calm.
- The food is soft, smooth or safely shaped.
- The amount offered is tiny.
- I am sitting close enough to watch breathing, colour and comfort.
- No rushing, pressure, bribing or force.
- I know to call 000 for choking or severe allergic reaction symptoms.

FLEXIBLE PROGRESSION

The texture ladder

The texture ladder is not a strict schedule. Babies move at different speeds. The aim is to offer safe practice with a range of textures so baby learns to move food around the mouth, chew, swallow and self-feed.

Step 1

Smooth puree

Very smooth foods from a spoon or preloaded spoon. Useful for first tastes and iron-rich foods like smooth meat, lentils, tofu or iron-fortified cereal.

Step 2

Mashed foods

Thicker foods with a little texture, such as mashed avocado, banana, pumpkin, lentils, beans or soft cooked fish.

Step 3

Soft lumps

Fork-mashed foods, moist mince, soft rice, pasta pieces, scrambled egg or soft vegetables with small lumps.

Step 4

Soft finger foods

Long soft pieces baby can hold, such as soft steamed vegetable sticks, ripe pear, omelette strips or toast fingers with thin spreads.

Step 5

Chopped family foods

Soft family foods made low-salt and cut safely: pasta, rice dishes, stews, curries, soups, fish, tofu and vegetables.

Watch the baby, not the calendar

Progress when baby is interested, sitting well, managing the current texture and recovering calmly from small gags. Adjust back to softer or smaller pieces if baby is distressed, repeatedly vomiting, coughing, choking or unable to manage the food.

TEXTURE PRACTICE

Smooth puree, mashed foods and soft lumps

Texture	Examples	Skills baby practises	Progress or adjust
Smooth puree	Iron-fortified cereal mixed with breast milk/formula; smooth lentils; smooth meat puree; yoghurt; mashed avocado thinned with milk.	Opening mouth, closing lips on spoon, swallowing, tasting new flavours.	Progress when baby swallows more easily and seems interested. Adjust if baby is gagging repeatedly, crying or pushing everything out.
Mashed foods	Mashed pumpkin with lentils; banana; avocado; mashed beans; soft tofu; flaked fish mashed with vegetables.	Tongue movement, managing thickness, learning that food can have body and flavour.	Progress when baby can manage thicker food without distress. Add moisture if it clumps or feels dry.
Soft lumps	Fork-mashed vegetables; moist mince; scrambled egg; soft pasta pieces; thick porridge; mashed chickpeas.	Moving food side to side, early chewing, tolerating uneven textures.	Progress slowly. If baby vomits, coughs or becomes upset often, soften the texture and seek advice if it continues.

Practical example

- Offer mashed pumpkin mixed with lentils next to a familiar food like yoghurt.
- Let baby touch it first.
- Offer a tiny spoon or preloaded spoon.
- If baby turns away, pause and try again another day.

Safety reminders

- All foods should be soft and moist.
- Avoid hard lumps hiding inside smooth foods.
- Do not add salt, honey or sugar.
- Stay seated, upright and close.
- Messy hands and food on the face are normal.

TEXTURE PRACTICE

Soft finger foods and chopped family foods

Texture	Examples	Skills baby practises	Safety reminders
Soft finger foods	Steamed sweet potato fingers; ripe pear wedges; omelette strips; soft toast fingers with thin nut paste; soft broccoli florets.	Grasping, bringing food to mouth, biting, chewing, self-pacing.	Food should squash easily between finger and thumb. Avoid hard raw pieces and round shapes.
Minced or shredded foods	Moist mince in low-salt sauce; shredded chicken; flaked fish; shredded slow-cooked meat; soft tofu pieces.	Chewing with gums, managing small pieces, family meal participation.	Keep moist. Remove bones, gristle and tough skins.
Chopped family foods	Soft pasta with vegetables; mild curry with lentils; rice and beans; soup vegetables; noodles cut short.	Shared meals, mixed textures, self-feeding with fingers or spoon.	Keep salt low, cool food safely, cut long noodles, remove hard bits and choking shapes.

Teeth are not required for many soft foods

Babies can mash soft foods with their gums. Teeth help later, but late teeth alone usually do not mean baby cannot progress textures. Ask for help if chewing, swallowing or gagging seems stuck.

Ready to progress

- Baby sits steadily.
- Baby brings food to mouth.
- Baby handles current texture with only occasional gagging.
- Baby seems interested in self-feeding or family foods.

Adjust texture if

- Food is dry, crumbly, sticky or hard.
- Baby coughs often during meals.
- Baby vomits repeatedly with lumps.
- Baby refuses all textures beyond smooth puree for weeks.
- Meals become distressed most days.

FIRST FOODS PRIORITY

Iron-rich first foods

From around 6 months, babies' iron stores begin to fall. Breast milk and formula still matter, but babies also need iron-rich foods as part of solids. There is no need for a perfect first food - just include iron often.

Animal-based iron

- Soft cooked meat, minced or pureed.
- Chicken or turkey, finely shredded or pureed.
- Fish, flaked carefully with bones removed.
- Well-cooked egg.
- Iron-fortified infant cereal if your family chooses to use it.

Plant-based iron

- Lentils, beans and chickpeas cooked until very soft.
- Tofu and tempeh, soft and age-appropriate.
- Nut and seed pastes thinned into food once introduced safely.
- Iron-fortified cereals.
- Pair with vitamin C foods like tomato, capsicum, citrus, berries, kiwi or broccoli to support absorption.

Budget-friendly iron

- Lentils, beans, eggs, tofu, tinned fish in spring water where suitable, mince, oats and iron-fortified cereal can be affordable options.
- Frozen vegetables are useful and nutritious.
- Family meals such as lentil soup, mild dahl, mince sauce or bean stew can be adapted safely.

PRACTICAL TABLE

Iron-rich foods: simple serving ideas

Food	Texture idea	Serving example	Safety note
Beef or lamb mince	Smooth puree, moist mince or soft small pieces	Mince cooked in low-salt tomato sauce with mashed vegetables.	Keep moist. Avoid dry chunks and remove gristle.
Chicken	Pureed, finely shredded or minced	Shredded chicken mixed with pumpkin or yoghurt.	Check for bones and tough skin.
Fish	Mashed or flaked	Flaked salmon or white fish mixed with potato and peas.	Remove bones carefully; choose low-mercury options.
Egg	Well-cooked and mashed or strips	Mashed boiled egg with avocado; omelette strip.	Avoid raw or runny egg for babies.
Lentils	Smooth, mashed or soft lumps	Red lentil dahl with no added salt; lentil and pumpkin mash.	Cook until very soft.
Beans/chickpeas	Mashed or blended	Mashed cannellini beans with olive oil and lemon; hummus-style chickpea mash without salt.	Whole chickpeas can be a choking risk; mash well.
Tofu	Soft fingers or mashed	Soft tofu cubes squashed slightly; tofu mashed into rice porridge.	Use soft pieces baby can squash.
Iron-fortified cereal	Smooth or thicker cereal	Mixed with breast milk, formula, fruit or yoghurt.	Choose no added sugar where possible.
Nut/seed paste	Thinned smooth paste after introduction	Smooth peanut butter thinned with warm water and mixed into porridge.	Never offer thick globs, whole nuts or nut pieces.

GENTLE STARTER RHYTHM

A simple first 4 weeks rhythm

This is an example, not a rule. Some babies move faster, some slower. Milk remains important, and tiny tastes are expected. Use the rhythm only if it suits your baby and family.

Week	Main focus	Example foods	Texture goal	What you might notice
Week 1	Calm tastes and safe setup	Iron-fortified cereal, smooth lentils, smooth meat, pumpkin, avocado, banana.	Smooth or very soft mashed.	Baby may lick, spit, gag lightly or eat only 1 to 2 teaspoons.
Week 2	Add iron variety and family flavours	Lentil dahl, soft tofu, mashed beans, fish, egg if ready, vegetables and fruit.	Thicker mash and tiny soft lumps if baby manages.	Nappies may change. Mess and touching food are normal.
Week 3	Begin common allergens one at a time	Well-cooked egg, smooth peanut paste thinned into food, yoghurt, wheat toast finger if safe.	Smooth, mashed or safe soft finger foods.	Offer new allergens earlier in the day when baby is well.
Week 4	Build rhythm and texture practice	One to two small opportunities most days, plus milk. Add soft finger foods where ready.	Mashed, soft lumps and soft finger foods.	Baby may have favourites. Keep offering variety without pressure.

Allergen note

Introduce one new common allergy food at a meal so a reaction is easier to identify. Once tolerated, keep it in the diet regularly in baby-safe forms, unless a health professional advises otherwise.

SIMPLE MEALS

First food meal ideas

Smooth or mashed ideas

- Iron-fortified cereal with breast milk or formula.
- Smooth lentil and pumpkin puree.
- Mashed avocado with finely flaked fish.
- Mashed banana with yoghurt.
- Soft tofu mashed with rice porridge.
- Mashed cannellini beans with tomato and olive oil.

Iron-rich combinations

- Beef mince with sweet potato.
- Chicken with pumpkin and peas.
- Lentil dahl with soft rice.
- Egg and avocado mash.
- Tofu with broccoli and noodles cut short.
- Sardine or salmon mash with potato where suitable.

Soft lump ideas

- Fork-mashed vegetables with lentils.
- Soft pasta stars with mince sauce.
- Thick porridge with fruit.
- Scrambled egg pieces.
- Soft rice and beans.
- Flaked fish with soft vegetables.

Soft finger foods

- Steamed carrot or zucchini sticks that squash easily.
- Ripe pear wedges.
- Toast finger with thin smooth peanut paste after peanut is introduced.
- Omelette strip.
- Soft broccoli floret.
- Very soft pasta spirals.

FAMILY FOOD MADE SAFE

Breakfasts, lunches, dinners and family foods

Meal	Baby-friendly idea	Family adaptation
Breakfast	Porridge with fruit and thinned nut paste if tolerated.	Cook oats for everyone; remove baby's portion before adding honey or extra sugar.
Breakfast	Egg omelette strips with avocado.	Make a family omelette and cut baby's portion into soft strips.
Lunch	Soft lentil soup with bread finger.	Blend or mash baby's serve; keep salt low.
Lunch	Rice, beans and avocado mash.	Use family rice bowl ingredients, mashed and cooled.
Dinner	Mild curry with lentils, vegetables and rice.	Take baby's portion before adding salt or chilli heat; mash or chop safely.
Dinner	Pasta with mince, tomato and vegetables.	Use soft pasta pieces and moist sauce.
Budget	Egg, oats, lentils, beans, frozen veg, yoghurt, rice, pasta and tinned fish where suitable.	Use affordable staples in safe textures. No special baby aisle is required.
Culturally flexible	Dahl, congee, rice porridge, stew, noodles, couscous, beans, mild soups, pasta, fish or tofu dishes.	Adapt familiar family foods for salt, texture, bones, heat and choking risk.

No separate perfect baby meals

It is usually easier to adapt a small part of the family meal than to cook a separate baby menu. Soft, low-salt, safely shaped and iron-inclusive is enough.

MILK, WATER AND SOLIDS

Milk, water and drinks by age

Starting solids does not mean milk suddenly becomes less important. Through the first year, breast milk or infant formula remains a major source of nutrition while baby practises food skills.

Age	Main drinks	What to know	Seek advice if
Before 6 months	Breast milk or infant formula.	No solids unless personalised advice. No routine water unless advised by a health professional.	Poor weight gain, dehydration signs, feeding pain, very few wet nappies or you feel worried.
Around 6 to 12 months	Breast milk or infant formula. Small amounts of cooled boiled water from a cup for practice.	Milk still matters. Cow's milk can be used in cooking but is not the main drink before 12 months.	Baby drops milk quickly, has fewer wet nappies, struggles with cup practice or growth is a concern.
12 months plus	Water, breast milk if continuing, and pasteurised full-fat cow's milk if used.	Formula is usually not needed after 12 months for healthy children. Toddler milk is usually not needed.	Very high milk intake, low appetite for food, constipation, anaemia concerns or restricted diet.
Any age	Avoid juice, cordial, soft drink, sports drinks, energy drinks, tea and coffee.	Sweet drinks increase dental and nutrition concerns. Use water as the everyday drink from toddlerhood.	You are unsure about hydration, dental health or milk alternatives.

Bottle habits and teeth

From around 12 months, many families work toward cups rather than bottles. Avoid settling toddlers to sleep with bottles of milk, because this can affect dental health. Ask your dentist, child and family health nurse or GP if you need support.

AUSTRALIAN ALLERGY GUIDANCE

Introducing common allergy foods

ASCIA and the National Allergy Council recommend introducing common allergy-causing foods in the first year, usually around 6 months once baby is ready for solids, and not before 4 months. Baby-safe forms matter.

Key principles

- Start solids when baby is developmentally ready.
- Introduce one new common allergen at a meal.
- Use baby-safe forms: smooth, soft, well-cooked, finely ground or thinned.
- Offer earlier in the day when baby is well.
- Do not smear food on skin to test allergy.
- If tolerated, keep the food in the diet regularly.

Seek advice first if

- Baby has severe eczema.
- Baby already has a known food allergy.
- Baby has reacted to food before.
- Baby has complex medical or feeding needs.
- A parent is unsure because of family allergy risk.
- You have been given an allergy action plan or specialist advice.

Call Triple Zero (000)

Call 000 for breathing difficulty, tongue or throat swelling, becoming pale and floppy, collapse, blue or grey colour, or severe allergic reaction symptoms. If an adrenaline injector has been prescribed, follow the ASCIA action plan.

BABY-SAFE EXAMPLES

Common allergy foods: safe ways to offer

Allergen	Baby-safe serving example	Avoid	Keep in diet if tolerated
Egg	Well-cooked mashed boiled egg or omelette strip.	Raw or runny egg; homemade mayonnaise with raw egg.	Offer cooked egg in meals each week.
Peanut	Smooth peanut butter thinned with warm water, breast milk/formula or mixed into porridge.	Whole peanuts, chopped nuts, thick sticky globs.	Add thin peanut paste to cereal, yoghurt or toast fingers.
Dairy	Plain full-fat yoghurt, ricotta, cheese melted into vegetables, cow's milk in cooking.	Cow's milk as the main drink before 12 months; unpasteurised dairy.	Use yoghurt, cheese or milk in cooking regularly.
Wheat	Soft toast finger, pasta, couscous or wheat cereal.	Hard crusts, dry chunks.	Offer bread, pasta or wheat cereal in safe textures.
Tree nuts	Smooth almond/cashew paste thinned into food; finely ground nut meal in porridge.	Whole nuts, chopped nuts, nut chunks.	Use thin nut paste or nut meal in meals.
Sesame	Tahini thinned into yoghurt or hummus-style chickpea mash.	Whole sesame seeds as loose seeds; sticky globs.	Use tahini mixed into dips or sauces.
Soy	Soft tofu pieces, soy yoghurt if suitable, soy milk in cooking.	Soy drink as main milk before 12 months.	Offer tofu or soy-containing family foods.
Fish	Well-cooked, soft flaked fish with bones removed.	Bones, tough skin, high-mercury fish often.	Use flaked fish in mash, pasta or rice.
Seafood	Well-cooked prawn or shellfish very finely chopped and mixed into soft food.	Rubbery chunks or whole prawns.	Offer safely prepared seafood if part of the family diet.

WHAT TO WATCH

Allergy symptoms and urgent signs

Reaction type	Possible signs	What to do
Mild local contact redness	Redness around the mouth only, no other symptoms and baby is otherwise well.	Wipe face, observe and discuss with your GP or nurse if unsure. ASCIA notes this may not always mean allergy.
Mild to moderate allergy	Hives, swelling of lips/eyes/face, vomiting, tummy pain or widespread rash.	Stop the food and seek medical advice. Do not re-offer until advised.
Severe allergic reaction	Difficult or noisy breathing, tongue or throat swelling, wheeze, persistent cough, pale/floppy baby, collapse, blue/grey colour.	Call Triple Zero (000). Use adrenaline injector if prescribed and follow the ASCIA action plan.
Delayed or unclear symptoms	Eczema flare, gut symptoms, repeated vomiting, blood in stool, poor growth or persistent distress.	Speak with a GP, paediatrician, allergy specialist or Accredited Practising Dietitian.

Helpful habits

- Introduce new common allergens one at a meal.
- Write down the date, amount and form offered.
- Keep tolerated allergens in the diet regularly.
- Avoid skin testing with food.
- Use official ASCIA and National Allergy Council resources.

Do not continue at home if

- There was swelling beyond mild local redness.
- Baby vomited repeatedly or seemed unwell.
- Breathing, colour or responsiveness changed.
- You are unsure whether symptoms were allergic.
- A health professional has told you to avoid that food.

PRINT-READY

Printable allergen tracker

Use this page to record common allergens. If a reaction occurs, stop the food and seek medical advice. Call Triple Zero (000) for severe symptoms.

Allergen	First date offered	Baby-safe form used	Tolerated or reaction	Notes	Offered again	Kept in regular diet
Egg						
Peanut						
Dairy						
Wheat						
Tree nuts						
Sesame						
Soy						
Fish						
Seafood						

Safety wording for this tracker

This tracker is not a diagnostic tool. If baby has hives, swelling, vomiting, breathing symptoms, colour change, collapse or you feel worried, stop the food and seek medical advice. For severe symptoms, call 000 immediately.

CALM BUT CLEAR

Gagging, choking and food safety

Gagging can be part of learning. Choking is different and can be life-threatening. The goal is not to make parents fearful, but to set up meals so babies can learn safely.

Gagging can look like

- Noisy retching or coughing.
- Baby's tongue moves forward.
- Baby may go red and push food out.
- Baby is still breathing and making sound.
- It often reduces with practice and safe textures.

Choking can look like

- Silent or unable to cry/cough effectively.
- Difficulty breathing, wheeze or high-pitched sound.
- Blue or grey colour.
- Baby becomes limp, pale or distressed.
- Call Triple Zero (000) if choking does not resolve or baby cannot breathe normally.

Prevention basics

- Baby sits upright and supervised.
- Food shape is safe: avoid hard rounds, chunks and sticky globs.
- Cook, grate, mash or cut risky foods.
- No eating while lying down, crawling, walking, in the car or in a pram.
- Do not force food into baby's mouth.

Seek support if

- Baby gags at almost every meal and becomes distressed.
- Baby coughs, splutters or has wet breathing during meals.
- Baby vomits repeatedly with textures.
- Baby cannot progress from smooth puree.
- You suspect swallowing difficulty or aspiration.

Learn first aid

This guide cannot teach baby and child first aid. Consider an infant first aid course through reputable Australian providers and keep emergency numbers visible.

MODIFY SHAPES

Risky foods and safer modifications

Risky food	Why it is risky	Safer modification
Grapes	Round and firm, can plug the airway.	Cut lengthways into quarters for older babies/toddlers; avoid whole grapes.
Cherry tomatoes	Round, smooth and slippery.	Cut lengthways into quarters.
Blueberries	Small round shape; larger firm berries can be risky.	Squash or halve larger blueberries.
Raw carrot	Hard and can snap into chunks.	Cook until soft, grate finely or offer very soft sticks.
Apple	Hard raw pieces can break off.	Cook until soft, grate finely or offer very thin soft pieces when ready.
Sausages	Round coin shape and firm skin.	Remove skin, cut lengthways, then into small soft pieces.
Chunks of meat	Dry, tough or hard to chew.	Use moist mince, slow-cooked shredded meat or very soft small pieces.
Cheese cubes	Firm cube shape.	Grate cheese, melt into food or offer thin soft strips.
Popcorn	Hard, dry and irregular.	Avoid for babies and young children.
Whole nuts and seeds	Hard, small and airway-sized.	Use smooth thinned pastes or finely ground meal in food.
Sticky peanut butter	Thick globs can stick in the mouth.	Thin smooth paste with warm water or mix into puree/porridge.
Hard lollies, marshmallows, chewing gum	Hard, sticky or difficult to chew safely.	Avoid.

NO ONE PERFECT METHOD

Purees, finger foods or both

There is no single perfect way to start solids. The safest and most useful approach is the one that fits your baby, your family and your confidence while still offering iron, variety, safe textures and responsive feeding.

Spoon-feeding

- Parent offers food from a spoon.
- Useful for iron-rich purees, cereal, lentils, meat, yoghurt and allergy foods.
- Pause between spoonfuls and let baby lean in or turn away.

Finger foods

- Baby holds soft, safe pieces and brings them to the mouth.
- Supports self-feeding, texture learning and family meals.
- Foods must be soft, safely shaped and supervised.

Mixed approach

- Many families use both.
- For example: spoon-fed lentil puree plus soft vegetable stick.
- Can help include iron-rich foods while baby practises self-feeding.

Keep any approach responsive

- Offer, then wait.
- Let baby touch and explore.
- Stop when baby turns away, closes mouth, cries or arches.
- Avoid scraping the spoon on baby's upper lip or sneaking food in.
- Trust that early meals are practice.

Keep any approach safe

- Upright seating.
- Soft textures.
- No hard round pieces.
- No thick sticky globs.
- No eating unsupervised.
- Learn baby and child first aid.

RESPONSIVE WORDS

What to say during first foods

Baby refuses the spoon

You are not ready for that spoon. I will wait.

Baby turns away

You are showing me you have had enough. We can stop.

Baby gags

That felt tricky. I am here. Take your time.

Baby throws food

Food stays on the tray. I will give you a small piece to try again.

Baby only wants fruit or yoghurt

You like this familiar food. I will put a tiny bit of the new food beside it.

Baby is unsure about a new texture

You can touch it first. You do not have to eat it yet.

Family says to feed more

We are following baby's cues. The goal today is practice, not finishing.

Parent feels anxious

Tiny tastes count. Milk is still doing important work.

Parent wants to end calmly

That is enough for today. We will try again another time.

Why scripts help

Scripts keep the adult calm and predictable. Baby learns that mealtimes are safe, pressure-free and responsive.

IF IT IS NOT GOING TO PLAN

Troubleshooting first foods

Issue	What may be normal	What to try	Seek help if
Baby barely eats	Tiny tastes are common at first.	Offer 1 to 2 teaspoons after milk when baby is calm. Let baby touch food.	Baby has poor growth, fewer wet nappies, low energy or no interest over time.
Baby refuses the spoon	Baby may prefer touching or self-feeding.	Try preloaded spoon, finger foods, smaller amounts or pause for a few days.	Every meal is distressed or baby cannot manage any solids.
Baby gags often	Some gagging is part of learning textures.	Offer softer, moist textures and smaller pieces. Stay calm and supervise.	Gagging is frequent, distressing, with coughing, wet breathing or vomiting.
Baby vomits after textures	One-off vomiting can happen with illness or strong gag.	Return to easier texture and progress more slowly.	Vomiting is repeated, forceful, associated with allergy symptoms or weight concern.
Baby seems constipated	Stools often change with solids.	Offer fluids as appropriate, fruit/veg, oats, legumes and movement. Keep milk feeds.	Hard painful stools, blood, poor feeding, vomiting or ongoing distress.

IF IT IS STILL HARD

More troubleshooting

Issue	What may be normal	What to try	Seek help if
Only accepts smooth puree	Some babies need more time.	Add tiny texture changes: thicker puree, mashed soft food, soft crumbs mixed through.	No texture progress after repeated calm practice, gagging is severe or swallowing concerns occur.
Only wants milk	Milk remains important in the first year.	Offer solids at a calm time between milk feeds. Keep portions tiny.	Baby refuses most solids for weeks, growth is affected or milk intake is very high after 12 months.
Throws food	Throwing is learning cause and effect.	Offer small amounts, name the boundary, end calmly if repeated.	Throwing is paired with distress, choking risk or no eating across many meals.
Refuses allergens	New flavours can take repeated exposure.	Mix a tiny amount into a familiar food, try another baby-safe form, keep pressure low.	Baby had a reaction or there is severe eczema/known allergy without medical advice.
Parent feels worried	Starting solids can feel high-pressure.	Use checklists, pick one next step and speak with your nurse or GP.	Anxiety is affecting meals, sleep or daily life. You deserve support too.

REASSURANCE PLUS ACTION

Usually normal versus seek help: starting and textures

Topic	Usually normal	Try this	Seek help if
Starting solids	Tiny tastes, mess, spitting food out and slow progress.	Offer small amounts when baby is calm and ready.	Baby is not ready around 7 months, has poor growth or feeding distress.
Texture progression	Gagging sometimes, needing repeated practice and moving back and forth.	Progress gradually from smooth to mash to lumps and soft finger foods.	Baby cannot manage textures, coughs often, vomits repeatedly or meals are distressed.
Food refusal	Turning away, clamping mouth or preferring familiar foods.	Pause, offer later, place new food beside familiar food.	Refusal is persistent with poor intake, poor growth or parent concern.
Appetite	Some days baby eats more, some days very little.	Watch week-to-week patterns, wet nappies, energy and growth.	Baby is lethargic, dehydrated, not growing or losing weight.

REASSURANCE PLUS ACTION

Usually normal versus seek help: allergy, gagging and choking

Topic	Usually normal	Try this	Seek help if
Gagging	Occasional noisy gag as baby learns.	Stay calm, keep baby upright, offer softer/moister textures.	Gagging is frequent, distressing, paired with coughing, wet breathing or vomiting.
Choking	Choking is not normal and needs urgent action if airway is blocked.	Prevent with safe seating, supervision and food modification.	Call 000 if baby cannot breathe, cry or cough effectively, changes colour or becomes floppy.
Allergen introduction	Baby may dislike new tastes; mild local redness may be unclear.	Introduce one common allergen at a meal in baby-safe form.	Hives, swelling, vomiting, breathing symptoms, severe eczema or known allergy.
Parent stress	Many parents feel nervous about allergens and choking.	Use trackers, first aid training and trusted Australian resources.	Anxiety makes feeding feel unmanageable or you avoid all solids/allergens from fear.

REASSURANCE PLUS ACTION

Usually normal versus seek help: milk, stools and stress

Topic	Usually normal	Try this	Seek help if
Milk intake	Milk remains a major food in the first year.	Keep breast milk or formula and add solids gradually.	Milk drops suddenly, wet nappies reduce or growth is a concern.
Constipation	Stools may change colour, smell and texture.	Offer age-appropriate water, fibre foods and movement.	Hard painful stools, blood, vomiting, severe pain or persistent constipation.
Beige or sweet preferences	Babies often prefer familiar tastes.	Pair familiar food with tiny tastes of vegetables, iron foods and family flavours.	Diet becomes very restricted or growth/nutrition concerns arise.
Parent stress	You may feel judged by family, social media or product marketing.	Use simple foods and responsive feeding. No perfect start is required.	Stress is high or feeding becomes a daily conflict.

BUILDING MEALS

9 to 12 months: moving toward family meals

Between 9 and 12 months, many babies are building chewing, self-feeding and cup skills. Breast milk or formula continues, while meals become more predictable and family foods become easier to adapt.

What to focus on

- Offer thicker textures, soft lumps and more family foods.
- Provide soft finger foods and chances to self-feed.
- Offer water in a cup with meals.
- Keep tolerated allergens in the diet regularly.
- Move gradually toward shared family meals.
- Let baby practise spoon, fingers and cup without pressure.

Meal rhythm example

- Morning: milk feed, then porridge with fruit and thinned nut paste if tolerated.
- Lunch: soft pasta with mince/lentil sauce and vegetables.
- Snack/taste: yoghurt, soft fruit or toast finger.
- Dinner: family stew, curry, rice dish or fish adapted for texture and salt.
- Milk feeds continue around baby's usual rhythm.

Seek support if skills feel stuck

Talk with a GP, child and family health nurse, Accredited Practising Dietitian or speech pathologist if baby cannot manage any lumps, gags/vomits frequently, coughs during meals, avoids all finger foods or seems unable to chew and swallow safely.

PRACTICAL EXAMPLES

9 to 12 month meal examples

Meal	Example	Texture and safety notes
Breakfast	Thick oats with mashed berries and yoghurt.	Keep texture moist; berries squashed or chopped.
Breakfast	Scrambled egg with avocado and toast fingers.	Egg well-cooked; toast soft enough and cut into manageable strips.
Lunch	Lentil dahl with rice and soft cooked vegetables.	Low salt; mash rice/lentils if needed.
Lunch	Tuna or salmon mash with potato and peas.	Use suitable fish, remove bones, keep moist.
Dinner	Pasta with mince or lentil tomato sauce.	Soft pasta pieces; sauce moist; no added salt for baby's serve.
Dinner	Mild family curry with tofu/chicken and vegetables.	Remove baby's serve before adding chilli/salt; cut or mash safely.
Snack/taste	Plain yoghurt, ripe soft fruit, ricotta on toast, soft vegetable sticks.	Avoid whole grapes, raw hard apple/carrot and thick sticky spreads.

AFTER THE FIRST BIRTHDAY

12 to 24 months: toddler transition

After 12 months, food becomes the main source of nutrition for most toddlers. Appetite can become uneven. This is common and often reflects slower growth, independence, teething, illness, tiredness and normal toddler development.

What helps

- Family meals in safe textures.
- Predictable meals and snacks rather than all-day grazing.
- Water as the everyday drink.
- Full-fat cow's milk if using cow's milk.
- Breastfeeding can continue if it works for parent and child.
- Repeated exposure without pressure.
- Safe food modifications for choking risk.

What to avoid relying on

- Toddler formula for healthy children unless medically advised.
- Large bottles of milk replacing food.
- Using dessert as a bribe for dinner.
- Pressure, force or chasing with food.
- Labelling cultural foods as less suitable when they can be made safe.
- Assuming one refused food means baby will never eat it.

Seek support if

Your toddler eats a very narrow range, avoids whole food groups, has poor growth, frequent choking/gagging, ongoing constipation, distress around food, suspected allergy or if you feel worried. Useful supports include your GP, child and family health nurse, Accredited Practising Dietitian, speech pathologist, lactation consultant or paediatrician.

REAL-LIFE EXAMPLES

Simple toddler meal examples

Meal	Example	Responsive feeding note
Breakfast	Toast fingers, egg, avocado and fruit.	Parent chooses what is offered; toddler chooses whether and how much.
Breakfast	Porridge with yoghurt and soft fruit.	Serve small portions; more can be offered.
Lunch	Leftover pasta, soft vegetables and cheese.	Include one familiar food beside any new food.
Lunch	Rice, beans/lentils, cucumber grated or cooked veg and yoghurt.	Adapt cultural family foods safely.
Dinner	Mince or lentil bolognese with pasta and vegetables.	Avoid pressure if dinner is refused; keep the next routine snack predictable.
Dinner	Mild curry/stew with rice and soft vegetables.	Take toddler's serve before adding extra salt or heat if needed.
Snack	Yoghurt, fruit, cheese, toast, oat slice, hummus on bread, soft veg.	Snacks are small opportunities, not grazing all afternoon.

LOW EQUIPMENT

Budget-friendly and low-equipment starting solids

You do not need expensive baby food products or a kitchen full of gadgets. Many simple home foods can work beautifully when they are iron-inclusive, soft, low-salt and safely shaped.

Affordable helpful foods

- Eggs.
- Lentils, beans and chickpeas.
- Oats and iron-fortified cereals.
- Frozen vegetables.
- Plain full-fat yoghurt.
- Rice, pasta, noodles and couscous.
- Tofu.
- Tinned fish in spring water where suitable.
- Mince or slow-cooked meat if used by your family.

Useful equipment

- A safe highchair or supportive seat.
- Small open cup or sippy cup for water practice.
- Fork for mashing.
- Sharp knife and chopping board for safe shapes.
- A spoon or preloaded spoon.
- Bibs or washable cloths if helpful.

Optional equipment

- Blender or stick mixer.
- Freezer trays.
- Silicone suction plates.
- Special baby spoons.
- Splash mats.
- Baby food maker.

Family meal shortcuts

- Cook lentils, rice, pasta or mince once and adapt textures.
- Freeze small portions of low-salt family meals.
- Use frozen veg to add colour and fibre.
- Keep a few easy iron options ready for tired days.

CULTURALLY RESPONSIVE

Family and cultural foods can belong here

There is no need for a Western-only baby food approach. Babies can learn with familiar family foods when the texture, salt, heat and choking risk are adapted.

Often adaptable

- Rice, congee and rice porridge.
- Lentils, dahl, beans and chickpea dishes.
- Pasta and noodles cut short.
- Mild curries, stews and soups.
- Fish, tofu, egg, chicken or meat dishes.
- Vegetables cooked until soft.
- Yoghurt, cheese and dairy foods where tolerated.

Adapt safely

- Take baby's portion before adding salt or strong chilli heat.
- Use herbs and mild spices if your family enjoys them.
- Cook hard vegetables until soft.
- Remove bones, skins, gristle and hard bits.
- Mash, puree, shred or chop to baby's skill level.
- Avoid honey before 12 months and unsafe choking shapes.

Respectful feeding

Familiar foods are often more affordable, meaningful and sustainable. The goal is safe adaptation, not replacing your family's food culture with packaged baby foods.

COMMON QUESTIONS

Common questions parents ask

Do I need to start with rice cereal?

No. Iron-fortified cereal can be useful, but it is not the only first food. Meat, fish, egg, tofu, lentils, beans and other iron-rich foods can also be used in safe textures.

Can I use pouches?

Occasionally, yes, if they suit your family. Try not to rely on sucking from pouches only. Babies need chances to see, smell, touch and manage different textures from bowls, spoons and finger foods.

Can I use frozen food?

Yes. Frozen vegetables, fruit and batch-cooked family foods can be practical. Cool, store, reheat and serve safely.

Can I season baby food?

Herbs and mild spices can be used. Avoid added salt, honey before 12 months and high-salt sauces.

Can baby have spicy food?

Mild family flavours are fine for many babies. Strong chilli may be uncomfortable. Take baby's portion out before adding heavy chilli or salt if needed.

What if baby does not eat meat?

Use other iron-rich foods such as egg, fish if eaten, tofu, lentils, beans, chickpeas, nut/seed pastes in safe forms and iron-fortified cereal. Ask an Accredited Practising Dietitian if you are unsure.

COMMON QUESTIONS

More common questions

What if baby is vegetarian?

Vegetarian babies can be well nourished with planning. Prioritise iron, zinc, protein, calcium, iodine and vitamin B12. Seek dietitian advice for vegan diets or if growth/intake is a concern.

What if baby is constipated?

Stools often change with solids. Offer age-appropriate water, fibre foods such as fruit, vegetables, oats and legumes, and keep milk feeds. Seek advice for hard painful stools, blood, vomiting or ongoing distress.

What if baby wants to feed themselves?

That can be a great skill. Offer safe soft finger foods and preloaded spoons, while still including iron-rich foods.

What if my baby gets teeth late?

Many soft foods can be mashed with gums. Teeth are not required for all texture progression. Seek help if chewing or swallowing seems difficult.

What if family members give outdated advice?

You can say: 'We are following current Australian guidance. Baby is learning, and we are watching their cues.'

When should I see a health professional?

Seek support for poor growth, dehydration signs, severe eczema or allergy, frequent choking/gagging, persistent vomiting, constipation, feeding distress, very limited textures or if you feel worried.

PRINT AND USE

Parent checklists

Before starting

- Baby is developmentally ready.
- Highchair or supported seat is ready.
- I know safe textures and risky shapes.
- I have an iron-rich food option.
- I know how to introduce allergens safely or who to ask first.
- I know what severe allergy/choking signs require 000.

First month

- Offer tiny tastes without pressure.
- Include iron-rich foods often.
- Progress texture gently when baby is ready.
- Start common allergens one at a meal when baby is well.
- Keep tolerated allergens in the diet.
- Offer water practice from a cup around 6 months.

Safety

- Baby eats seated and upright.
- An adult supervises closely.
- Food is soft and safely shaped.
- No eating in car, pram, bed or while crawling/walking.
- Risky foods are modified or avoided.
- I have considered baby and child first aid training.

Seek support

- Feeding feels very stressful.
- Baby coughs, chokes, vomits or gags often.
- Baby is not progressing textures.
- There are allergy symptoms or severe eczema.
- Growth, hydration or milk intake is concerning.
- I want personalised help.

TRUSTED AUSTRALIAN RESOURCES

Trusted Australian first foods resources

Australian - guidelines

NHMRC Infant Feeding Guidelines

Best for Australian infant feeding principles, breastfeeding, formula, introducing solids and toddler milks. Australian-based: Yes.

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

Australian - parent support

Pregnancy Birth and Baby

Best for parent-friendly articles, maternal child health nurse support and starting solids information. Australian-based: Yes.

<https://www.pregnancybirthbaby.org.au/balancing-introducing-solids-with-milk-feeds>

Australian - health advice

healthdirect Australia

Best for food allergy, anaphylaxis, choking, first aid and 24-hour health advice pathways. Australian-based: Yes.

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

Australian - parenting

Raising Children Network

Best for practical solids, texture, drinks and child development articles. Australian-based: Yes.

<https://raisingchildren.net.au/babies/breastfeeding-bottle-feeding-solids/solids-drinks/introducing-solids>

Australian/NZ - allergy

ASCIA

Best for evidence-informed allergy prevention, anaphylaxis action plans and allergy guidance. Australian-based: Yes.

<https://www.allergy.org.au/hp/papers/infant-feeding-and-allergy-prevention>

Australian - allergy

National Allergy Council / Nip allergies in the Bub

Best for baby-safe allergen videos, recipes and practical allergy prevention resources. Australian-based: Yes.

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

SUPPORT SERVICES

More Australian support resources

Australian - breastfeeding

Australian Breastfeeding Association

Best for breastfeeding, mixed feeding, expressing, helpline support, Feed Safe and parent education. Australian-based: Yes.

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

Australian - nutrition

Eat for Health

Best for Australian Dietary Guidelines, five food groups and toddler food group information. Australian-based: Yes.

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

Australian - first foods video

Children's Health Queensland: Baby's first foods

Best for a practical readiness and first foods video from a state children's health service. Australian-based: Yes.

<https://www.childrens.health.qld.gov.au/resources/our-work/ellen-barron-family-centre/babys-first-foods>

Australian - safety

Product Safety Australia Choke Check

Best for checking whether small items are choking hazards. Australian-based: Yes.

<https://www.productsafety.gov.au/business/search-mandatory-standards/babies-dummies-and-related-products/choke-check>

Australian - sleep safety

Red Nose Australia

Best for safe sleep and settling information. Useful because babies should not be fed lying down or settled to sleep with food. Australian-based: Yes.

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

State/territory services

Child and family health services

Best for local nurse clinics, feeding support and growth checks. Search your state or territory health website. Australian-based: Yes.

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

APPS, VIDEOS AND PODCASTS

Helpful apps, videos, websites and podcasts

Free app

Feed Safe app

Useful for breastfeeding parents who want evidence-informed information about alcohol and breastfeeding. Australian-based: Yes.

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

Podcast

Australian Breastfeeding Association podcast

Useful for breastfeeding stories, practical support and normalising common feeding challenges. Australian-based: Yes.

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

Videos

Nip allergies in the Bub infant feeding videos

Useful for seeing baby-safe textures and common allergy food preparation. Australian-based: Yes.

<https://nationalallergycouncil.org.au/resources-links/food-allergy-prevention/infant-feeding-videos>

Videos

Raising Children Network videos

Useful for short parent-friendly demonstrations and practical parenting information. Australian-based: Yes.

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

Website

Pregnancy Birth and Baby

Useful for parent-friendly solids, allergy foods and nurse contact options. Australian-based: Yes.

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

First aid

St John, Red Cross or other infant first aid courses

Useful for learning baby and child choking response and CPR. Course availability and costs vary. Australian-based: Yes.

<https://www.healthdirect.gov.au/first-aid>

IMPORTANT SAFETY INFORMATION

Safety and medical disclaimer

General information only

This First Years guide provides general information and practical parent support only. It does not replace personalised medical, nutrition, feeding, allergy, first aid or emergency advice.

Speak with a professional when needed

- Talk with a GP, child and family health nurse, lactation consultant, Accredited Practising Dietitian, speech pathologist, paediatrician, allergy specialist or emergency service when needed.
- Seek personalised advice for premature babies, babies with growth concerns, feeding difficulty, medical conditions, severe eczema, known food allergies or previous food reactions.
- If you are unsure whether something is normal, it is always okay to ask.

Call Triple Zero (000) for

- Choking that does not resolve.
- Breathing difficulty, wheeze, noisy breathing or inability to cry/cough.
- Blue or grey colour.
- Collapse, becoming pale/floppy or reduced responsiveness.
- Swelling of tongue or throat.
- Severe allergic reaction symptoms.

EVIDENCE BASE

References

1. National Health and Medical Research Council. Infant Feeding Guidelines. Canberra: NHMRC; 2012, current online information updated 2024. <https://www.nhmrc.gov.au/health-advice/public-health/nutrition/infant-feeding-guidelines>
2. Australasian Society of Clinical Immunology and Allergy. ASCIA Guideline: Infant Feeding for Food Allergy Prevention - Summary of Recommendations. Updated 2026. <https://www.allergy.org.au/hp/papers/infant-feeding-and-allergy-prevention>
3. National Allergy Council. Nip allergies in the Bub program and infant feeding resources. <https://nationalallergycouncil.org.au/programs/nip-allergies-in-the-bub-program>
4. Pregnancy Birth and Baby. Balancing introducing solids with milk feeds. Last reviewed February 2024. <https://www.pregnancybirthbaby.org.au/balancing-introducing-solids-with-milk-feeds>
5. Pregnancy Birth and Baby. How to introduce allergy foods. <https://www.pregnancybirthbaby.org.au/allergy-foods>
6. Raising Children Network. Introducing solids: why, when, what and how. <https://raisingchildren.net.au/babies/breastfeeding-bottle-feeding-solids/solids-drinks/introducing-solids>
7. healthdirect Australia. Choking. <https://www.healthdirect.gov.au/choking>
8. healthdirect Australia. Food allergies in children and anaphylaxis information. <https://www.healthdirect.gov.au/food-allergies-in-children>
9. Eat for Health. Australian Dietary Guidelines and healthy eating for infants, children and teenagers. <https://www.eatforhealth.gov.au/>
10. Children's Health Queensland. Baby's first foods. <https://www.childrens.health.qld.gov.au/resources/our-work/ellen-barron-family-centre/babys-first-foods>
11. World Health Organization. WHO guideline for complementary feeding of infants and young children 6-23 months of age. Geneva: WHO; 2023. <https://www.who.int/publications/i/item/9789240081864>