

# BC Pediatric Nutrition Guidelines for Health Professionals

(Birth to Six Years)

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Summary of Recommendations for Fluids and Foods  
December 2022

This document summarizes the recommendations for fluids and foods for healthy, full-term infants and children from birth to six years of age. It is intended to be used as a quick reference guide and does not replace the BC Pediatric Nutrition Guidelines for Health Professionals (the Guidelines).

Please refer to the Guidelines for the full list of nutrition and feeding guidelines, including further guidance on the feeding relationship, milestones, when to consider additional action, investigation and/or referral, additional information on key topics and list of relevant resources.

Please consider taking the UBC CPD course ([Pediatric Nutrition Guidelines](#)) to help put into practice the Guidelines.

Note: The term “parent” is used throughout this document and refers to a parent or caregiver who is involved in the child’s care.

# Feeding Relationship\*

Encourage responsive feeding, based on the principles of the Satter Division of Responsibility in Feeding.

## Birth to 6 months

- The parent is responsible for *what* to offer (i.e. human milk or appropriate substitute).
- The parent feeds their child on cue.
- The child decides *when* and *how* much they are fed. The parent trusts the child's ability to decide this.

## 6 months to 12 months

- The parent continues to offer human milk or infant formula on cue.
- The parent is responsible for *what* foods to offer, and is becoming responsible for *when* and *where* the child is fed.
- The child decides *how much* and *whether* to eat the foods offered. The parent trusts the child's ability to decide this.

## After 12 months

- The parent continues to offer human milk as long as desired.
- The parent is responsible for *what* foods to offer, and *when* and *where* the child is fed by providing regular meals and snacks.
- The child decides *how much* and *whether* to eat the foods offered. The parent trusts the child's ability to decide this.

\*See the full [BC Pediatric Nutrition Guidelines for Health Professionals](#) for further information on the feeding relationship.



## 0 - 6 months

### Fluids

<b>Human milk</b>	<ul style="list-style-type: none"><li>• Recommend exclusive breast/chestfeeding or expressed human milk for the first 6 months</li><li>• Recommend a daily liquid vitamin D supplement of 400 IU (10 mcg)</li></ul>
<b>Commercial infant formula</b>	<ul style="list-style-type: none"><li>• Support informed decision making in infant feeding</li><li>• Only recommend when medically indicated, with shared decision making</li><li>• If combining human milk and formula, recommend a daily liquid vitamin D supplement of 400 IU (10 mcg)</li></ul>
<b>Water</b>	<ul style="list-style-type: none"><li>• Avoid unless medically indicated</li></ul>
<b>Cow milk (or fortified goat milk)</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li></ul>
<b>Fortified plant-based beverages</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li></ul>
<b>Sugary drinks/ other beverages</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li></ul>



## 6 - 9 months

### Fluids

<b>Human milk</b>	<ul style="list-style-type: none"><li>• Encourage continued breast/chestfeeding or providing human milk for up to 2 years and beyond, for as long as parent and child want to continue</li><li>• Recommend a daily liquid vitamin D supplement of 400 IU (10 mcg)</li></ul>
<b>Commercial infant formula</b>	<ul style="list-style-type: none"><li>• As a supplement to human milk or as a human milk substitute</li><li>• If combining human milk and formula, recommend a daily liquid vitamin D supplement of 400 IU (10 mcg)</li></ul>
<b>Water</b>	<ul style="list-style-type: none"><li>• Sips of plain water can be offered from an open cup</li><li>• Water should not displace human milk or appropriate substitute</li></ul>
<b>Cow milk (or fortified goat milk)</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li></ul>
<b>Fortified plant-based beverages</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li></ul>
<b>Sugary drinks/ other beverages</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li></ul>



## 6 - 9 months

### Foods

<b>Solid foods</b>	<ul style="list-style-type: none"><li>• Begin offering solid foods at about 6 months (when infant is developmentally ready)</li><li>• Start with iron-rich foods (e.g. meat, poultry, fish, eggs, legumes, and iron fortified cereals) first, 2 or more times per day</li><li>• Once iron-rich foods are introduced, begin offering a variety of vegetables, fruit, grains, cheese and yogurt in any sequence alongside iron rich foods.</li></ul> <p><b>For children at increased risk of food allergy:</b></p> <ul style="list-style-type: none"><li>• Recommend introduction of common allergenic foods when developmentally ready (at about 6 months but not before 4 months of age)</li><li>• Start with common allergenic foods that are eaten at home and part of the family diet, such as smooth/thinned peanut butter, cooked egg, fish and soy.</li><li>• To promote tolerance, encourage parent to continue to offer regularly (at least 2-3 times per week) common allergenic foods that the family eats and that are tolerated</li></ul>
<b>Texture</b>	<ul style="list-style-type: none"><li>• Recommend finger foods and soft texture foods, e.g. lumpy, tender-cooked and finely minced, pureed*, mashed or ground</li></ul> <p><i>* Ensure pureed is not the only texture the child is offered</i></p> <ul style="list-style-type: none"><li>• Avoid foods that are choking hazards</li></ul>
<b>Frequency</b>	<ul style="list-style-type: none"><li>• Recommend working towards offering 3-5 solid food feedings per day based on family meal and snack times</li></ul>



## 6 - 9 months

### Foods *(continued)*

<b>General</b>	<ul style="list-style-type: none"><li>• Continue to breast/chestfeed or bottle feed on cue</li><li>• Offer higher fat dairy products including yogurt with &gt;2% M.F. or cheese with &gt;20% M.F</li><li>• Recommend foods from the family meal, prepared with little or no added salt or sugar</li><li>• Encourage parent to sit down and eat with child as often as possible</li><li>• Recommend responsive feeding practices, offering food without pressure</li><li>• Encourage offering a small amount of food to start, and offering more based on child's cues and interest</li></ul>
<b>Food safety</b>	<ul style="list-style-type: none"><li>• Limit high mercury fish</li><li>• Avoid honey, including pasteurized or cooked honey, due to risk of infant botulism</li><li>• Avoid unpasteurized foods and raw or lightly cooked sprouts</li></ul>



## 9 - 12 months

### Fluids

<b>Human milk</b>	<ul style="list-style-type: none"><li>• Encourage continued breast/chestfeeding or providing human milk for up to 2 years and beyond, for as long as parent and child want to continue</li><li>• Recommend a daily liquid vitamin D supplement of 400 IU (10 mcg)</li></ul>
<b>Commercial infant formula</b>	<ul style="list-style-type: none"><li>• As a supplement to human milk or as a human milk substitute</li><li>• If combining human milk and formula, recommend a daily liquid vitamin D supplement of 400 IU (10 mcg)</li><li>• No established benefit for commercial follow-up (marketed as “Step 2”) formulas after 12 months of age</li></ul>
<b>Water</b>	<ul style="list-style-type: none"><li>• Sips of plain water can be offered from an open cup</li><li>• Water should not displace human milk or appropriate substitute</li></ul>
<b>Cow milk (or fortified goat milk)</b>	<ul style="list-style-type: none"><li>• For as long as toddler continues to regularly receive human milk, they do not need to be offered cow milk</li><li>• If toddler is eating a variety of iron-rich foods, pasteurized whole (3.25% MF) plain cow milk (or fortified goat milk) can be introduced from an open cup and offered with meals or snacks</li><li>• If parent chooses not to introduce whole cow or fortified goat milk, continue on formula until 2 years.</li></ul>
<b>Fortified plant-based beverages</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li></ul>
<b>Sugary drinks/ other beverages</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li></ul>





## 9 - 12 months

### Foods

<b>Solid foods</b>	<ul style="list-style-type: none"><li>• To increase over time exposure and familiarity with food, encourage parents to continue to offer without pressure foods that the child has not yet accepted</li><li>• Continue to offer iron-rich foods at each meal</li></ul> <p><b>For children at increased risk of food allergy:</b></p> <ul style="list-style-type: none"><li>• Advise continuing to offer common allergenic foods that the family regularly eats and that are tolerated at least 2-3 times per week to promote tolerance</li></ul>
<b>Texture</b>	<ul style="list-style-type: none"><li>• Ensure lumpy textures are offered by 9 months</li><li>• By 12 months, offer modified family foods that support self-feeding</li><li>• Continue to avoid foods that are choking hazards</li></ul>
<b>Frequency</b>	<ul style="list-style-type: none"><li>• Recommend working towards offering 3 solid food feedings and 1-2 planned sit-down snacks per day based on family meal and snack times</li></ul>
<b>General</b>	<ul style="list-style-type: none"><li>• Continue to breast/chestfeed or bottle feed on cue</li><li>• Offer higher fat dairy products including yogurt with &gt;2% M.F. or cheese with &gt;20% M.F.</li><li>• Recommend foods from the family meal, prepared with little or no added salt or sugar</li><li>• Encourage parent to sit down and eat with child as often as possible</li><li>• Recommend responsive feeding practices, offering food without pressure</li><li>• Encourage offering a small amount of food to start, and offering more based on child's cues and interest</li></ul>
<b>Food safety</b>	<ul style="list-style-type: none"><li>• Limit high mercury fish</li><li>• Avoid honey, including pasteurized or cooked honey, due to risk of infant botulism</li><li>• Avoid unpasteurized foods and raw or lightly cooked sprouts</li></ul>



## 1 - 2 years

### Fluids

<b>Human milk</b>	<ul style="list-style-type: none"><li>• Encourage breast/chestfeeding or human milk for up to 2 years and beyond, for as long as parent and child want to continue</li></ul>
<b>Commercial infant formula</b>	<ul style="list-style-type: none"><li>• For most toddlers 1-2 years, there is no indication for the use of commercial infant formulas, except for the following reasons:<ul style="list-style-type: none"><li>- Vegan family eating pattern</li><li>- Little or no intake of iron-rich foods</li><li>- Cow or goat milk not offered due to allergy/intolerance or parent preference</li></ul></li></ul>
<b>Water</b>	<ul style="list-style-type: none"><li>• Recommend offering plain water from an open cup, with and between meal and snack times</li></ul>
<b>Cow milk (or fortified goat milk)</b>	<ul style="list-style-type: none"><li>• If child is not receiving human milk, recommend 500 mL (2 cups) of whole (3.25% M.F.) plain pasteurized cow milk (or full fat fortified goat milk) to a max of 750mL (3 cups) per day</li><li>• Offer milk from an open cup with meals or snacks</li></ul>
<b>Fortified plant-based beverages</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li></ul>
<b>Sugary drinks/ other beverages</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li><li>• If 100% fruit juice is given, limit to no more than 125 mL (½ cup) a day in an open cup and only as part of a meal or snack</li></ul>



## 1 - 2 years

### Foods

<b>Solid foods</b>	<ul style="list-style-type: none"><li>• Recommend offering a variety of foods from the family meal</li><li>• Recommend offering iron-rich foods at each meal</li><li>• Offer higher fat dairy products including yogurt with &gt;2% M.F. or cheese with &gt;20% M.F.</li></ul>
<b>Texture</b>	<ul style="list-style-type: none"><li>• Continue to offer modified textures for choking prevention</li></ul>
<b>Frequency</b>	<ul style="list-style-type: none"><li>• Recommend working towards offering 3 meals and 2-3 planned sit-down snacks per day based on family meal and snack times</li></ul>
<b>General</b>	<ul style="list-style-type: none"><li>• Continue to breast/chestfeed for as long as desired</li><li>• Recommend offering food sources of vitamin D daily. Recommend a daily 400 IU (10 mcg) vitamin D supplement if child is not getting enough vitamin D from food and beverages sources</li><li>• Encourage parent to sit down and eat with child as often as possible</li><li>• Recommend foods from the family meal, prepared with little or no added salt or sugar</li><li>• Recommend limiting processed or packaged foods</li><li>• Encourage offering a small amount of food to start, and offering more based on child's cues and interest</li><li>• Recommend responsive feeding practices, offering food without pressure</li></ul>
<b>Food safety</b>	<ul style="list-style-type: none"><li>• Limit high mercury fish</li><li>• Avoid unpasteurized foods and raw or lightly cooked sprouts</li></ul>



2 - 6 years

## Fluids

<b>Human milk</b>	<ul style="list-style-type: none"><li>• Encourage breast/chestfeeding or human milk for up to 2 years and beyond, for as long as parent and child want to continue</li></ul>
<b>Water</b>	<ul style="list-style-type: none"><li>• Recommend offering plain water from an open cup, with and between meal and snack times</li></ul>
<b>Cow milk (or fortified goat milk)</b>	<ul style="list-style-type: none"><li>• After age 2 years, lower fat milk (e.g. 1%, 2%) can be offered</li><li>• If child is not receiving human milk, recommend 500 mL (2 cups) of plain pasteurized cow milk (or fortified goat milk) to a max of 750mL (3 cups) per day</li><li>• Offer milk from an open cup with meals or snacks</li></ul>
<b>Fortified plant-based beverages</b>	<ul style="list-style-type: none"><li>• After age 2 years, if not receiving human milk or offered animal milk, recommend 500 mL (2 cups) of plain fortified soy or other fortified plant-based beverage to a max of 750ml (3 cups) per day</li><li>• If plant-based beverages other than soy are offered, ensure adequate provision of energy and protein in diet</li></ul>
<b>Sugary drinks/ other beverages</b>	<ul style="list-style-type: none"><li>• Advise to avoid</li><li>• If 100% fruit juice is given, limit to no more than 125 mL (½ cup) a day in an open cup and only as part of a meal or snack</li></ul>



2 - 6 years

## Foods

<b>Solid foods</b>	<ul style="list-style-type: none"><li>• Recommend offering a variety of foods from Canada's Food Guide including iron-rich foods at each meal</li><li>• Recommend offering a variety of food sources of calcium daily</li></ul>
<b>Texture</b>	<ul style="list-style-type: none"><li>• Recommend continuing to modify or adapt foods that are choking hazards for children under 4 years of age</li></ul>
<b>Frequency</b>	<ul style="list-style-type: none"><li>• Recommend offering 3 meals and 2-3 planned sit-down snacks per day based on family meal and snack times</li></ul>
<b>General</b>	<ul style="list-style-type: none"><li>• Continue to breast/chestfeed for as long as desired</li><li>• Recommend offering food sources of vitamin D daily. Recommend a daily 400 IU (10 mcg) vitamin D supplement if child is not getting enough vitamin D from food and beverages sources</li><li>• Recommend foods from the family meal, prepared with little or no added salt or sugar</li><li>• Recommend limiting processed or packaged foods</li><li>• Encourage parent to sit down and eat with child as often as possible</li><li>• Recommend responsive feeding practices, offering food without pressure</li></ul>
<b>Food safety</b>	<ul style="list-style-type: none"><li>• Limit high mercury fish</li><li>• Avoid unpasteurized foods and raw or lightly cooked sprouts until child is 5 years</li></ul>