

Well-Baby Visit Nutrition Practice Sheets



Erin Bligh, R.D. - Alberta Region
Sarah Miller, R.D. - Ontario Region
Regional Nutritionists, ISC

Land Acknowledgement



+

•

○

Overview

- Background
- What are the Nutrition Practice Sheets?
- Review the content of the Resources
- Review key messages and compare to the Rourke
- Highlight supplementary resources
- Questions

Background

- Developed in response to the needs of nurses
- Supports nutrition conversations
- A comprehensive nutrition reference for key age groups
- Provides additional nutrition related guidance
- Designed to be used alongside the Rourke Baby Record

NUTRITION PRACTICE SHEETS FOR NURSES

Well-Baby Visits 0-6 Months to Beyond 12 Months



Nutrition Practice Sheets

NUTRITION PRACTICE SHEETS FOR NURSES

Well-Baby Visits 0-6 Months to Beyond 12 Months



- Nutrition Practice Sheets
 - 0-6 Months
 - 6-9 Months
 - 12+ Months
- Key message summary
- In-depth content for each topic area
- Resources
 - Professional
 - Client
- Available on OneHealth or contact Regional Nutritionist

0-6 Months Well-Baby Visit

Nutrition Practice Sheet for Nurses

Key Messages

Breastfeeding	<ul style="list-style-type: none"> Recommend exclusive breastfeeding for the first 6 months of life, with continuation for up to 2 years and beyond Any amount of breastmilk is beneficial Provide 400 IU vitamin D supplement/day for all babies Adequate support is critical for breastfeeding success
Nutrition for Lactation	<p>Individuals who are breastfeeding are recommended to:</p> <ul style="list-style-type: none"> Continue taking a daily multivitamin with 0.4mg folic acid, 400 IU vitamin D and vitamin B12 Follow a healthy eating pattern as outlined in Canada's Food Guide Increase food intake a small amount to meet additional energy requirements (350-400 Calories) Aim for 12 cups of fluid per day. Limit caffeine and be cautious with herbal supplements
Formula Feeding	<ul style="list-style-type: none"> Support parents in making an informed decision around formula feeding Cow's milk infant formula is appropriate for most healthy term infants until 9-12 months of age Ensure clients are correctly preparing and storing formula. This requires sterilization of water and equipment until 4 months of age
How Much, How Often	<ul style="list-style-type: none"> Promote responsive feeding by feeding infants 'on cue' in response to signs of hunger and fullness Use suggested formula volumes to guide how much formula to prepare. The infant will determine how much they will drink
Readiness for Solids	<ul style="list-style-type: none"> Introduce solid foods at around 6 months, when developmentally ready. Look for signs of readiness Offer iron-rich foods first to prevent iron deficiency

Breastfeeding

While the word "breastfeeding" is widely used and understood, not everyone who lactates identifies with this term. Using inclusive language such as chestfeeding, lactating, or human milk feeding helps ensure all parents feel respected and supported. In this resource series, we use the term breastfeeding while acknowledging that other terms may be more appropriate for some individuals.

- Exclusive breastfeeding** is recommended for the first 6 months of life, with continued breastfeeding for up to 2 years and beyond. Any amount of breastmilk is beneficial
 - Breastmilk is not a source of vitamin D
 - Provide **400 IU vitamin D supplement/day** for all babies
 - NIHB covers Vitamin D supplements (nurses can be recommenders)
 - Breastmilk changes over time
- Breastfeeding Benefits:**
- Optimal nutrition
 - Enhanced immune protection
 - Supports bonding and attachment
 - Reduced risk of chronic diseases for mother and infant
 - Increased postpartum recovery

Colostrum (days 1-3)	Transitional Milk (weeks 1-2)	Mature Milk (after 2 weeks)
<ul style="list-style-type: none"> Produced in very small amounts which is normal and sufficient in the first few days Thick clear or yellowish Rich in antibodies Acts as a natural laxative 	<ul style="list-style-type: none"> Higher volume Blueish white color Breasts may feel full or heavy 	<ul style="list-style-type: none"> Blueish white or white color Changes over time to meet the infant's growth and developmental needs

Nutrition for Lactation

Individuals who are breastfeeding are recommended to:

- Continue taking a **daily multivitamin with 0.4mg folic acid, 400 IU vitamin D and vitamin B12**
 - Omega-3 fatty acids (especially DHA) are important for infant brain and eye development. The amount in breastmilk is determined by maternal diet (e.g. fatty fish, walnuts, ground flax). Some prenatal vitamins with DHA are covered by NIHB
- Follow a **healthy eating pattern** as outlined in Canada's Food Guide
 - Parental diet influences milk flavour. Early exposure to a variety of flavours can increase acceptance of family foods
 - There are no special maternal diets to reduce the risk of infant food allergy or to manage infant colic. Consult a dietitian if there are any concerns
- Increase food intake a small amount to meet **additional energy requirements** (350-400 Calories)
- Stay well hydrated by **drinking to thirst** and aim for **12 cups of fluid** from all sources every day
- Limit caffeine** to 300 mg/day (approx. two 8 oz cups of coffee). **Avoid energy drinks**
- Avoid alcohol**. No amount is safe
- Both alcohol and caffeine are transferred to infants through breast milk
- Not all herbal products are safe** during lactation. The following are safe when limited to 3 cups/day: citrus peel, ginger, rosehip, echinacea, peppermint, red raspberry leaves, rosemary

Pumping and Storing Breastmilk

- Breastfeeding supplies (e.g. breast pads, breast pumps) can be accessed through [NIHB](#)
- Breastmilk can be expressed manually or with a pump. It should be **stored in clean containers** and **labelled with the date and time**. Store in small amounts to help avoid waste
 - Up to 4 hours at room temperature
 - Up to 4 days in the fridge (0-4 C)
 - Up to 6 months in a deep freezer (-18 C)
 - Thaw in the fridge overnight or in warm water and use within 24 hours
 - Swirl milk gently to redistribute any fat (avoid shaking)
 - Do not refreeze thawed milk
- Infants should **never be left unattended to drink** from a bottle. Do not prop bottles

Breastfeeding Supports:

- Adequate support is critical for breastfeeding success
- Connect parents with breastfeeding supports (lactation consultants, peer support groups and community health resources)
 - La Leche League
 - 811
 - Local resources

Formula Feeding

- Breastmilk is the superior milk for infants; however, formula can provide infants with the nutrition they need
 - Support parents in making an informed decision around formula feeding
 - It may be difficult to return to breastfeeding after switching to formula
- Consider cost and access when choosing infant formulas (NIHB when medically necessary and Jordan's Principle for other reasons)
- All infants (including formula fed infants) require daily vitamin D supplementation of 400 IU
- Infants should **never be left unattended to drink** from a bottle. Do not prop bottles

Formula Options

- Offer **cow's milk infant formula** until 9-12 months of age, for healthy term infants
- Specialized formulas such as soy and lactose-free are not commonly indicated
- Infant formulas with **higher iron levels** (i.e. 1.3 mg/100mL) **are recommended** for infants with lower iron stores at birth:
 - birth weight <3000 g
 - infants born to:
 - mothers with iron-deficiency
 - mothers with diabetes
 - mothers who consumed excess alcohol during pregnancy
- Do not feed homemade infant formulas**
- Do not add any ingredients (e.g. infant cereals) to formula

Formula	Sterility	Preparation
Ready-to-Feed Formula	Sterile until opened	No mixing required
Liquid Concentrate	Sterile until opened	Must be properly prepared
Powdered Infant Formula	Not sterile	Must be properly prepared

NIHB covers all three formula options

Formula Preparation

- Until 4 months of age:
 - Sanitize equipment** used to prepare and feed infant formula (see resource section)
 - Use sterilized water** (boiled for 2 minutes) to prepare formula (see resource section). This includes tap, well, bottled and distilled waters
- Check temperature** of the formula on the inside of your wrist before feeding. Formula should be **warm**, not hot
- Do **not** heat formula in the microwave
- Once prepared, **use** the formula **within 2 hours** and discard any that is left over
- Transport prepared formula in a cooler or bring sterilized water. Feeds can be prepared as needed for immediate use

How Much, How Often (for all feeding approaches)

- Promote responsive feeding
 - Feed infants 'on cue'** in response to signs of hunger and fullness
 - Use suggested formula volumes to guide how much formula to prepare. The infant will determine how much they will drink
 - Risks of overfeeding include: stress, spitting up, reflux, disruption of hunger and fullness cues, and increased risk of obesity later in life
 - The capacity of an infant's stomach increases from the size of a cherry to the size of an egg in the first 3 weeks. Reassure parents that small feeds are normal in the beginning and are not an indication of insufficient breastmilk
 - Resources can help parents assess adequate intake based the number of feeds and wet/soiled diapers

Hunger cues:

- Rooting and sucking on hands or objects
- Fussing or crying
- Turning towards the nipple or bottle
- Sucking and swallowing

Fullness cues:

- Turning away from the nipple or bottle
- Pushing the nipple or bottle away
- Closing the mouth or falling asleep

Readiness for Solids

- Introducing solid foods before 6 months can increase the risk of infections, choking, and obesity, and may lead to nutrient imbalances and feeding difficulties
 - Infants' digestive and motor systems are typically not ready for solids until they show clear signs of readiness at around 6 months
- Signs of readiness:**
 - Sits independently with good head and neck control
 - Reduced tongue-thrust (extrusion) reflex
 - Opens mouth when food is offered
- There are **no advantages** of giving solid foods early:
 - Does not help them sleep through the night
 - May cause baby to drink less breastmilk or formula than they need
 - May increase the risk of choking

Referral to a Registered Dietitian (RD)

- Concerns about **growth or development**
 - **Reduced appetite**
 - Signs of **feeding difficulty**
- For general nutrition enquiries call 811; refer clients to an RD for clinical concerns

Resources

Professional References:

Pediatric Nutrition Guidelines (Birth to Six Years) for Health Professionals 	Healthy Infants & Young Children - Nutrition Information for Health Professionals, AHS (Alberta) 	Nutrition for Healthy Term Infants: Recommendations from birth to six months 
Breastfeeding Guidelines for Consultants 	Nutrition Guideline, Nutrition for Lactation 	Safe Preparation and Handling of Infant Formula 

Client Resources:

Breastfeeding for the Health and Future of Our Nation 	Infant Formula 	How Much Infant Formula to Prepare for Baby 
Signs that Feeding is Going Well 	Feeding Babies Video Series 	

+

•

○

Feedback

- Fall 2025 resources were sent to nurses for feedback
- Identified the need for more in-depth information to supplement the Rourke

0-6 Months Well-Baby Visit

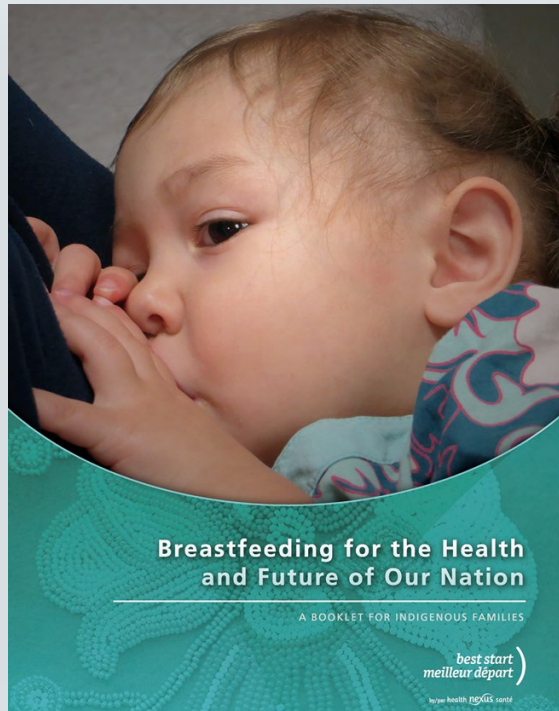
Nutrition Practice Sheet for Nurses

- Breastfeeding (exclusive)¹
 - Vitamin D 400 IU/day¹
- Formula feeding/preparation¹
[750–1080 mL (25–36 oz)/day]
- Discuss future introduction of solids, with emphasis on iron containing and allergenic foods¹

Key Messages

Breastfeeding	<ul style="list-style-type: none">• Recommend exclusive breastfeeding for the first 6 months of life, with continuation for up to 2 years and beyond• Any amount of breastmilk is beneficial• Provide 400 IU vitamin D supplement/day for all babies• Adequate support is critical for breastfeeding success
Nutrition for Lactation	<p>Individuals who are breastfeeding are recommended to:</p> <ul style="list-style-type: none">• Continue taking a daily multivitamin with 0.4mg folic acid, 400 IU vitamin D and vitamin B12• Follow a healthy eating pattern as outlined in Canada's Food Guide• Increase food intake a small amount to meet additional energy requirements (350-400 Calories)• Aim for 12 cups of fluid per day. Limit caffeine and be cautious with herbal supplements
Formula Feeding	<ul style="list-style-type: none">• Support parents in making an informed decision around formula feeding• Cow's milk infant formula is appropriate for most healthy term infants until 9-12 months of age• Ensure clients are correctly preparing and storing formula. This requires sterilization of water and equipment until 4 months of age
How Much, How Often	<ul style="list-style-type: none">• Promote responsive feeding by feeding infants 'on cue' in response to signs of hunger and fullness• Use suggested formula volumes to guide how much formula to prepare. The infant will determine how much they will drink
Readiness for Solids	<ul style="list-style-type: none">• Introduce solid foods at around 6 months, when developmentally ready. Look for signs of readiness• Offer iron-rich foods first to prevent iron deficiency

0-6 Months Resources



Healthy Infants & Young Children
Nutrition, Information for Health Professionals

Nutrition at-a-Glance

- [Birth to 6 Years](#)

Nutrition Guidelines

Provincial resource that provides nurses, physicians, dietitians and other health professionals with informed, practical feeding and nutrition recommendations for healthy infants and young children.

Infant Formula

- [Cost of Infant Formula \(Infographic\)](#)
- [Homemade Infant Formula](#)
- [Hydrolyzed Formula and Allergy Prevention – Practice Change Notice](#)
- [Infant Formulas – Ingredients and Indications](#)
- [Infant Formulas – Summary Sheet](#)
- [Post-discharge, Preterm Formula \(PDF\)](#)
- [Safe Preparation & Handling of Infant Formula](#)

Complementary Feeding

- [Healthy Feeding Relationship](#)
- [Introduction of Commonly Allergenic Foods for Infants](#)
- [Introduction of Complementary Foods](#)

Key Nutrients

- [Vitamin D](#)

Other Milks & Fluids

- [Milk](#)
- [Other Drinks](#)
- [Plant-Based Beverages](#)
- [Water](#)

ODPH Ontario Dietitians in Public Health
Diététistes en santé publique de l'Ontario

PEDIATRIC NUTRITION GUIDELINES
For Health Professionals
(Birth to Six Years)

January 2025
(last revised March 2025)

	1 WEEK					
	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS
	At least 8 feeds per day. Baby is sucking strongly, slowly, steadily and swallowing often.					
a cherry	Size of a walnut	Size of an apricot	Size of a...			
At least 2 WET	At least 3 WET	At least 4 WET	At least 6 HEAVY WET WITH PALE YELLOW OR...			
1:1 to 2:1 DARK GREEN	At least 3 BROWN, GREEN, OR YELLOW		At least 3 large, soft and YELLOW			
1 babies lose a bit of weight the first 3 days after birth.			From day 4 onward, most babies gain weight regularly. Babies should return to birth weight by day 10. If parents have any concerns with their baby's weight gain patterns encourage them to consult their health professional.			
Babies often vary the length of time between feeding with some feedings being closer together and others being further apart. Babies should be fed on demand. Sometimes feedings may be shorter and other times longer. Babies should be fed until they are satisfied. Baby should have a strong cry, move actively and wake easily. Mother's breasts feel softer and less full after breastfeeding.						
866-797-0000 or TTY at 1-866-797-0007 www.ontariobreastfeeds.ca						

6-9 Months Well-Baby Visit

Nutrition Practice Sheet for Nurses

Key Messages

Breastfeeding/ Formula Feeding

- Continue breastfeeding and/or formula feeding on cue
- Provide **400 IU vitamin D** supplement/day for all babies

Readiness for Complementary Foods

- Introduce solid foods at **around 6 months**, when developmentally ready
- Look for **signs of readiness**
- Practice a **responsive feeding approach**, responding to hunger and fullness cues

Iron-Rich Foods

- First, offer **iron-rich foods** to prevent iron deficiency
- Start with **1–3 tsp per day**, increasing based on hunger and fullness cues
- Continue offering iron-rich foods **at every meal**

Allergenic Foods

- Next, introduce **common allergenic foods** to help reduce allergy risk, starting with peanuts and eggs
- Introduce only **one new allergenic food per day**
- Continue offering allergenic foods **2–3 times/week** to maintain tolerance

Other Foods

- Then, introduce **a variety of other foods** from Canada's Food Guide in addition to iron-rich and allergenic foods
- Offer **higher fat** yogurt ($\geq 2\%$ M.F.) and cheese ($\geq 20\%$ M.F.) until 2 years of age
- **Avoid honey before 1 year** due to risk of infant botulism

Textures and Feeding Skills

- Offer a **variety of safe textures**: puréed, mashed, minced, chopped based on the baby's developmental readiness
- Introduce **a variety of textures by 9 months** to support oral development

Liquids

- At around 6 months, start to offer a **small amount of water in an open cup** with meals
- Avoid offering juice and plant-based beverages


Cow's Milk

- **Whole pasteurized (3.25% M.F.) cow's milk** (fresh, reconstituted powdered or canned) can be introduced from 9-12 months, once baby eats iron-rich foods at every meal
- Start to offer milk at meals and snacks. Provide **no more than 2-3 cups per day**

- **Breastfeeding¹ – introduction of solids¹**
 - **Vitamin D 400 IU/day¹**
- **Formula feeding/preparation¹**
[750–1080 mL (25–36 oz)/day]
- **Iron containing foods (meat, wild game, fish, legumes, tofu, whole eggs, iron-fortified infant cereal)¹**
- **Allergenic foods (especially eggs and peanut products)¹**
- **Fruits, vegetables, and milk products (yogurt, cheese)**
- **Avoid juice and food/beverages high in sugar or salt¹**
- **Choking/Safe food¹** ○ **No honey¹** ○ **No bottles in bed**
- **Inquire about vegetarian, vegan and other diets¹**

6-9 Months Resources

Introducing Solid Foods



First Solid Foods

Baby's first foods need to be iron rich. Starting at around 6 months, baby needs iron-rich foods 2 or more times each day to get enough iron.

Iron-rich foods include:

- iron-rich meats including wild game
- deboned fish
- eggs
- beans and lentils
- iron-fortified cereals like rice, oat, barley and wheat

Offer common allergenic foods. Offering common allergenic foods may help reduce your baby's risk of developing a food allergy.

Offer allergenic foods one at a time and check for a reaction. If there is no reaction, continue to offer the food a few times a week.

Common allergenic foods include:

- peanut, tree nuts (cashews, almonds pistachios)
- fish*
- wheat (including wheat based iron-fortified infant cereals*)
- milk products
- soy
- whole eggs*

*Foods are also sources of iron.

Six Months

At about 6 months baby is ready for solid foods:

- better head control
- can sit up and lean forward
- turns head to avoid food
- picks up food and tries to self-feed

Continue breastfeeding (with a vitamin D supplement) and/or formula feeding

- Most of baby's energy will still come from breastmilk and/or formula

Introduction to Complementary Foods

Introduction

The purpose of the Introduction to Complementary Foods Nutrition Guideline is to provide health professionals with an overview of the evidence-based nutrition recommendations on the introduction of complementary foods for healthy infants, both term and preterm (unless otherwise specified) and to provide answers to commonly asked questions. See the [Key Questions List](#) of this Nutrition Guideline (NG).


While comprehensive, this NG will not include detailed information specific to medical considerations requiring individual assessment of readiness to begin complementary feeding. In these situations, the infant may benefit from further assessment by an occupational therapist (OT), speech language pathologist (SLP), physiotherapist (PT), physician and/or registered dietitian (RD).

This information is intended as a general resource only and is not meant to replace the medical counsel of a physician or individual consultation with an RD. It is the responsibility of the health professional to evaluate the situation of each patient in their care and apply the NG appropriately. Individuals who are at high risk of malnutrition or who have a medical condition that is impacted by nutrition should receive RD intervention.

Referral to a Registered Dietitian

To refer a patient to a registered dietitian Alberta Health Services (AHS), visit [Referring Patients for Nutrition Services](#).

Nutrition Guideline
Healthy Infants and Young Children
September 2015
Revised April 2024
Page 1

 This copyright work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License except where otherwise indicated. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>. You are free to copy and distribute the work including in other media and formats for non-commercial purposes as long as you attribute the work to Alberta Health Services, do not adapt the work, and abide by the other license terms. The license does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner.

This material is intended for general information only and is provided on an "as is," "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied, or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

Starting Solid Foods

First Foods

Around 6 months old, babies need solid foods for their brain and body to grow and develop. Offer all foods in a texture and size that matches your baby's ability to chew and swallow. Continue feeding the usual amount of breastmilk or formula.

Start with an iron rich food that is not a common food allergen

Include a food with iron each time you offer solid food.

Foods with Iron

These foods have the most iron (iron rich)



Other foods with iron



After your baby has tried an iron rich food, start to offer common food allergens and other healthy foods. (next page)

40436-NFS



Iron Foods for Children Ages 1 and Up

Babies and children need iron to grow, learn, and be healthy.

These are foods with iron.



Give **foods with iron** to your child at meals and snacks every day.

Meal ideas



Snack ideas



Chicken Vegetables Pita

Developed by Registered Dietitians Nutrition Services 404147-NFS



12+ Months Well-Baby Visit

Nutrition Practice Sheet for Nurses

- Breastfeeding¹/Vitamin D 400 IU/day¹
- 3.25% MF cow milk – max 500-600 mLs (16-20 oz)/day¹
- Avoid juice and food/beverages high in sugar or salt¹
- Choking/Safe foods¹
- Promote open cup instead of bottle
- No bottles in bed
- Independent/self-feeding/Family meals¹
- Eats family foods with a variety of textures.
- Inquire about vegetarian, vegan and other diets¹

Key Messages

Breastfeeding	<ul style="list-style-type: none"> • Continue breastfeeding • Provide 400 IU vitamin D supplement/day for all children until regularly consuming 2-3 cups of cow's milk
Cow's Milk	<ul style="list-style-type: none"> • Whole pasteurized (3.25% M.F.) cow's milk (fresh, powdered or canned) can be introduced from 9-12 months, once baby regularly eats iron-rich foods • Offer 2 cups in an open cup. Limit to no more than 3 cups per day
Bottle Weaning	<ul style="list-style-type: none"> • Start weaning from bottles by 12-14 months • Continue using an open cup to help develop important oral motor skills
Healthy Eating	<ul style="list-style-type: none"> • Encourage traditional foods, vegetables, fruits, whole grains and protein foods • Limit ultra-processed foods and fish higher in mercury • Offer water to quench thirst and avoid drinks high in sugar and/or caffeine • Children should be eating a variety of textures. Continue to avoid or modify high-risk foods for safety
When & How Much	<ul style="list-style-type: none"> • From 12 to 24 months, infants progress toward 3 meals and 2-3 snacks per day
Family Meals	<ul style="list-style-type: none"> • Create a relaxed, screen-free environment and model healthy eating behaviours • Caregiver decides what, when, and where food and drink are offered • Child decides how much or whether to eat and drink

12+ Months Resources

Health Canada Santé Canada

Canada

Top Tips for Picky Eating

Adults and children have different jobs at meals.

The **adult's job** is to decide:

- What food and drinks are served
- When food is served
- Where food is served

The **child's job** is to decide:

- If and how much to eat from the food and drinks you have served. Trust that the child knows when they're hungry or full.

Tip Children only need about 20-30 minutes at the table to eat.

- After 30 minutes, wrap up meal time.
- Only offer food again at the next planned snack or meal. The child likely won't refuse the next meal.

Tip Eating with other people helps children try new foods.

- Children learn by watching others.
- Try to eat with the children.

Tip Toys, books, or TV at the table can make picky eating worse.

- Focus children on eating by removing distractions.

Tip Children only need 3 meals a day and 2-3 snacks.

- Serve meals and snacks at the same time each day.
- Children should not "graze" all day.

Tip Offer only water between meal and snack times.

- Having milk, juice, or crackers can make children too full for the next meal.
- If serving juice, limit juice to ½ cup per day.

Tip Children may need to see a food many times before they try it.

- Keep trying new foods. Put a little bit on the child's plate.
- Offer a vegetable at every lunch and supper.



Tip Children may like vegetables prepared in a new way.

- Try raw vegetables with a bit of ranch dip.

Tip If children get to help make the food, they may try it later.

- Let children wash vegetables.
- Let children chop vegetables with a child-safe knife.
- Let children stir.

Choose goals on the back of this sheet to help you deal with picky eating!





YOUR HEALTH AND SAFETY... OUR PRIORITY.

Snacks

Choose healthy snacks every day.

These foods contain many nutrients. Choose one or more foods to make a snack.



Choose:

- water when you're thirsty
- vegetables and fruit instead of juice

Developed by Registered Dietitians Nutrition Services 404319-NFS

Alberta Health Services

Feeding Toddlers and Young Children

Eating food gives children the energy and nutrition needed to grow, learn, and play. Children learn about food and eating by watching others. Be a positive role model. The eating habits you teach a child in the early years can form a pattern that lasts a lifetime. Try some of the tips in this handout to help children build healthy eating habits.

The feeding relationship

The way a parent and child relate to each other around feeding and eating is called the feeding relationship. Parents and children have different roles—these roles help children learn to be healthy eaters.

Parents and caregivers decide:


- What food and drinks are offered. Serve the same foods to the whole family. Offer a variety of foods from Canada's food guide.
- When food and drinks are offered. Offer 3 meals and 2-3 snacks each day at regular times. When children eat at regular times they are more likely to be ready to eat.
- Where food and drinks are offered. Children eat best when they sit comfortably, rather than walking around. Eat together, turn off the TV and put aside phones and electronics.

Children decide:


- How much to eat from the choices you've offered. Listen to children when they say "I'm full".
- Whether to eat from the choices offered. Children will sometimes eat more at meals or snacks and other times they'll eat less.

Make mealtime family time

Mealtimes are a great time for your family to visit and talk. Keep mealtimes pleasant and relaxed. Let children see you enjoying a variety of foods. This will help children try new foods and to learn eating skills.



Children's appetites and willingness to try new foods will change from day to day. This may change depending on how fast they are growing, how active they are, or how they are feeling.



Developed by Registered Dietitians Nutrition Services 404100-NFS

Alberta Health Services

Growing Up. Time for an Open Cup

Start drinking water from an open cup at six months.



Northern Healthy Communities Partnership



HEALTHY EATING TEAM

www.nhcp.ca



+

•

○

Questions

Do you have any questions about the resources?

Please feel free to reach out to us!

Erin.Bligh@sac-isc.gc.ca

Alberta Region

Sarah.Miller@sac-isc.gc.ca

Ontario Region