

Nutrition at-a-Glance: Birth to 6 Years

This document provides a summary of Nutrition Services nutrition recommendations for healthy infants and young children aged birth to 6 years. It is for health professional use only.

- [Under 6 Months](#)
- [6 to 12 Months](#)
- [12 to 24 Months](#)
- [2 to 6 Years](#)

Language Definitions

In all circumstances, health professionals shall utilize client- and family-centred care to be responsive to the self-identified gender, pronouns, and terminology of the guardians and families they support.¹

Terms used in this document:

- **Parent:** parents, caregivers, or other persons caring for a child in the context of the family unit.
- **Breastmilk:** milk produced by human mammary glands.² Some individuals may identify with terms other than those used in this document, such as chestmilk or human milk.
- **Infant formula:** commercial infant formulas available on the Canadian market.
- **3.25% milk:** pasteurized 3.25% (homogenized) cow's or fortified whole goat's milk.
- **Constipation:** bowel movements that are hard and dry, and may be difficult or painful to pass.³

Abbreviation Definitions

Symbol	Definition
>	greater than
<	less than
≥	greater than or equal to

Abbreviation	Definition
min	minutes
yrs	years
c	cups

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Resources are linked in the text directly to relevant content or landing page (client resources – left column; professional resources – right column). For additional client handouts, search ahs.ca/nutritionhandouts.

Under 6 Months

Nutrition Guidance for Clients	Variation
What	
<ul style="list-style-type: none"> Exclusively feed breastmilk for about the first 6 months and continue ≥ 2 years^{4,5} If a partial or total substitute is needed for breastmilk, use infant formula⁴ Provide 400 IU vitamin D supplement/day (unless advised more by a primary care provider)⁶ Around 6 months, introduce solid (complementary) foods^{4,7} (see next page) Avoid honey until 1 year⁸ 	<ul style="list-style-type: none"> Financial strain limiting access to formula/food. Discuss 211 resources as appropriate. Liquids other than breastmilk or infant formula given⁴ Inappropriate type of infant formula given Vitamin D: no supplement given⁶ or receiving >1000 IU/day (formula + food + supplements)⁹ Complementary foods given <6 months before signs of readiness (good head control, sits upright in a chair)¹⁰ Honey given (infant botulism risk)⁸ Constipation³
How and when	
<ul style="list-style-type: none"> Practice responsive feeding:⁷ <ul style="list-style-type: none"> Hold baby skin-to-skin. Make eye contact during feeds⁵ Offer breastmilk and/or formula day and night based on hunger cues. Stop feeding with signs of fullness^{5,11} Babies lose weight in first few days after birth¹² and usually return to birth weight by 2 weeks of age^{13,14} If baby is growing and voiding as expected, likely getting enough breastmilk/formula^{4,15} Prepare and store infant formula safely¹⁶ 	<ul style="list-style-type: none"> Not fed based on hunger cues.⁵ Feeding forced or restricted.¹⁷ Baby resists, chokes, or vomits feeds¹⁷ Concerns with breastmilk supply (i.e. baby not satisfied after feeds)¹⁷ After 6 days of age, <6 wet diapers/day¹⁸ By 2 weeks, below birth weight^{13,14} Juice or foods given in bottle; use of propped bottle⁴ Incorrect dilution, unsafe preparation or handling of infant formula¹⁶ For growth outside of expected parameters, refer to Growth Monitoring Summary Sheet <div style="border: 1px solid orange; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Refer client to another health professional through Connect Care and/or to a public health nutrition class as applicable.</p> </div>

Nutrition at-a-Glance: Birth to 6 Years

6 to 12 Months

Nutrition Guidance for Clients	Variation
What	
<ul style="list-style-type: none"> Continue to feed breastmilk ≥2 years^{4,7} If need partial or total substitute for breastmilk, use: <ul style="list-style-type: none"> cow's milk infant formula until 9–12 months¹⁹ (12 months corrected age if preterm)²⁰ soy infant formula until 2 years¹⁹ whole (3.25% milk): 9–12 months¹⁹ (12 months corrected age if preterm)²⁰ until 2 years¹⁹ Start solid foods around 6 months,⁷ (4–6 months corrected age if preterm) when readiness signs shown:¹⁰ <ul style="list-style-type: none"> Start with an iron-rich, non-common allergen Introduce common food allergens (peanut, egg) to help prevent allergies to these foods.²¹ If no reaction, continue to offer regularly.²² Introduce other foods in any order: vegetables, fruits, protein foods, whole grain foods Offer low mercury, fatty fish¹⁹ Continue daily 400 IU vitamin D supplement⁶ Avoid honey until 1 year⁸ 	<ul style="list-style-type: none"> Financial strain limiting access to formula/food. Discuss 211 resources as appropriate. Inappropriate type of infant formula given Drinking 3.25% milk <9 months¹⁹ (12 months corrected age if preterm)²⁰ Skim, 1% or 2% milk, or plant-based beverage given as main milk source¹⁹ Other drinks given (caffeinated, herbal, sugary, or contain sugar-substitutes)¹⁹ By 7 months not eating complementary foods Not eating iron-rich foods daily²³ Eats unsafe quantities of high mercury store-bought²⁴ or locally caught fish Vitamin D: no supplement given⁶ or >1500 IU/ day (formula + food + supplements)⁹ Honey given (infant botulism risk)⁸ Constipation³
How, how much, how often	
<ul style="list-style-type: none"> Promote a positive feeding relationship:²⁵ Parents decide: <ul style="list-style-type: none"> what²⁶ foods to offer (see above) when²⁶ to offer solid foods: start once/day. Increase to 3 meals + 1-3 snacks at 1 year. where²⁶ to offer food: seated, at family meals; minimize distractions¹⁹ Baby decides: <ul style="list-style-type: none"> when²⁶ to eat (breastmilk/formula on cue) how much or whether²⁶ to eat. Parent feeds slowly and patiently, starting with small amounts and responding to hunger and fullness cues.²⁷ Offer textures in response to baby's abilities²⁷ (thick purees/mashed to start; lumpier, chewier, soft pieces by 9 months). Avoid or modify choking hazards.¹⁹ Let baby practice feeding self with fingers, utensils²⁸ At 6 months, begin to offer liquids in an open cup¹⁹ 	<ul style="list-style-type: none"> Not fed based on hunger cues⁵. Feeding forced or restricted.¹⁷ Fed with a propped bottle⁴ or not supervised during feeding¹⁹ Juice or foods given in bottle¹⁹ At 6 months, repeated difficulty with purees (e.g. vomits, chokes, resists)¹⁷ Incorrect dilution, unsafe preparation or handling of infant formula¹⁶ By 9 months, baby not trying a variety of textures (lumpy, chewable, small pieces)²⁹ For growth outside of expected parameters, refer to Growth Monitoring Summary Sheet <div style="border: 1px solid orange; border-radius: 10px; padding: 10px; margin-top: 10px;"> <p>Refer client to another health professional through Connect Care and/or to a public health nutrition class as applicable.</p> </div>

Nutrition at-a-Glance: Birth to 6 Years

12 to 24 Months

Nutrition Guidance for Clients	Variation
What	
<ul style="list-style-type: none"> Continue to feed breastmilk ≥ 2 years^{4,7} Offer 500 mL (2 c) daily of breastmilk, 3.25% milk,¹⁹ and/or formula (soy formula¹⁹ or another formula for medical reasons) until 2 years Offer water between meals²⁶ Use Canada's food guide to plan meals and snacks³⁰ <ul style="list-style-type: none"> Offer a variety of vegetables, fruits, whole grains and protein foods,³⁰ including iron-rich foods daily²³ Offer low mercury, fatty fish¹⁹ Continue daily 400 IU vitamin D supplement⁶ 	<ul style="list-style-type: none"> Financial strain limiting access to formula/food. Discuss 211 resources as appropriate. Skim, 1% or 2% milk, or plant-based beverage given as main milk source¹⁹ Daily milk intake >500 mL (2 c) milk/day^{31,32} impacting intake of iron-rich foods Daily milk intake <500 mL and insufficient vitamin D, calcium, protein, and fluid from other foods Other drinks given (caffeinated, herbal, sugary, or contain sugar substitutes)⁴ Limited variety of accepted foods¹⁷ or avoiding entire types of food (e.g. protein foods) Eats unsafe quantities of high mercury store-bought²⁴ or locally caught fish Vitamin D: no supplement given⁶ or receiving >2500 IU/day (food + supplements)⁹ Constipation³
How, when, and where	
<ul style="list-style-type: none"> Promote a positive feeding relationship:²⁵ Parents decide: <ul style="list-style-type: none"> what²⁶ foods to offer (see above) when²⁶ to offer food: regular times; every 2-3 hours; allow enough time to eat (up to 30 min for meals; 15 min for snacks) only water²⁶ and breastmilk between meals and snacks where²⁶ to offer food: seated, at family meals; minimize distractions¹⁹ Child decides: how much or whether²⁶ to eat. Parent responds appropriately to hunger and fullness cues.²⁷ Wean from bottle by 12-14 months Offer drinks in an open cup¹⁹ Avoid or modify choking hazards¹⁹ 	<ul style="list-style-type: none"> Feeding is forced or restricted¹⁷ Not supervised during feeding¹⁹ Use of bottle >14 months Not using an open cup¹⁹ Distractions (e.g. electronic devices) at mealtime¹⁹ Meals or snacks offered >3 hours apart²⁸ Grazing (frequent, unstructured eating)²⁸ Extreme or prolonged texture refusal¹⁷ Problems with chewing, swallowing, or gagging¹⁷ For growth outside of expected parameters, refer to Growth Monitoring Summary Sheet <div style="border: 1px solid orange; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Refer client to another health professional through Connect Care and/or to a public health nutrition class as applicable.</p> </div>

Nutrition at-a-Glance: Birth to 6 Years

2 to 6 Years

Nutrition Guidance for Clients	Variation
What	
<ul style="list-style-type: none"> Continue to feed breastmilk ≥ 2 years^{4,7} Offer 500 mL (2 c) of milk (skim, 1%, 2%, 3.25%), a fortified plant-based beverage with protein ≥ 6 g/250 mL as a practical way to help meet vitamin D, calcium, protein, and fluid needs Offer water between meals²⁸ Use Canada's food guide to plan meals and snacks³⁰ <ul style="list-style-type: none"> Offer a variety of vegetables, fruits, whole grains and protein foods,³⁰ including iron-rich foods daily Offer low mercury, fatty fish Continue daily 400 IU vitamin D supplement⁶ 	<ul style="list-style-type: none"> Financial strain limiting access to food. Discuss 211 resources as appropriate. Daily milk intake >500 mL (2 c) milk/day impacting intake of iron-rich foods Daily milk intake <500 mL and not getting sufficient vitamin D, calcium, protein, and fluid from other foods Other drinks given (caffeinated, herbal, sugary, sugar-substitutes) Limited variety of accepted foods (e.g. avoiding all protein foods); new foods not offered¹⁷ Eats unsafe quantities of high mercury store-bought²⁴ or locally caught fish Drinks unfortified plant-based beverage <6 g protein Vitamin D: no supplement given⁶ or receiving: 2–3 yrs >2500 IU/d or 4–6 yrs >3000 IU/d (food + supplements)⁹ Constipation³
How, when, and where	
<ul style="list-style-type: none"> Promote a positive feeding relationship²⁵ Parents decide: <ul style="list-style-type: none"> what²⁶ foods to offer (see above) when²⁶ to offer food: regular times; every 2–3 hours; allow enough time to eat (up to 30 min for meals; 15 min for snacks); only water between meals and snacks where²⁶ to offer food: seated, at family meals; minimize distractions Child decides: how much or whether to eat²⁶ Avoid or modify choking hazards¹⁹ 	<ul style="list-style-type: none"> Feeding is forced or restricted¹⁷ Not supervised during feeding¹⁹ Distractions (e.g. electronic devices) at mealtime¹⁹ Meals or snacks offered >3 hours apart²⁸ Grazing (frequent, unstructured eating)²⁸ Rigid sensory preferences (flavour, temperature, texture)¹⁷ Problems with chewing, swallowing, or gagging¹⁷ For growth outside of expected parameters, refer to Growth Monitoring Summary Sheet. <div style="border: 1px solid orange; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Refer client to another health professional through Connect Care and/or to a public health nutrition class as applicable.</p> </div>

Nutrition at-a-Glance: Birth to 6 Years

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Nutrition at-a-Glance: Birth to 6 Years

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