

Slide Deck Overview

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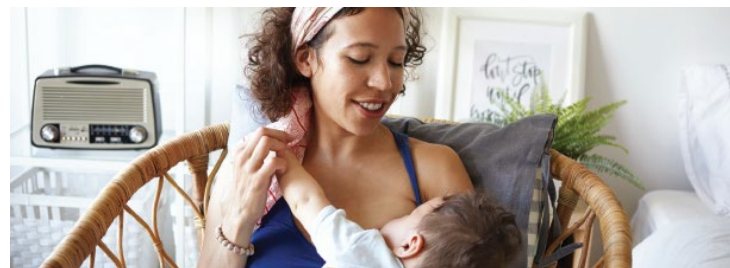
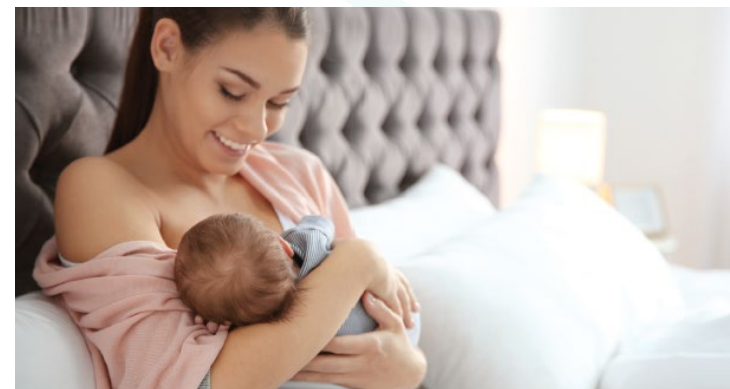
Infants & Toddlers

DGA | Dietary
Guidelines
for Americans



Key Recommendations

- **For about the first 6 months of life**, exclusively feed infants human milk. Continue to feed infants human milk through at least the first year of life, and longer if desired. Feed infants iron-fortified infant formula during the first year of life when human milk is unavailable.
- Provide infants with supplemental vitamin D beginning soon after birth.
- **At about 6 months**, introduce infants to nutrient-dense complementary foods.
- Introduce infants to potentially allergenic foods along with other complementary foods.



Key Recommendations (cont'd)

- Encourage infants and toddlers to consume a variety of foods from all food groups. Include foods rich in iron and zinc, particularly for infants fed human milk.
- Avoid foods and beverages with added sugars.
- Limit foods and beverages higher in sodium.
- As infants wean from human milk or infant formula, transition to a healthy dietary pattern.





Putting the Key Recommendations Into Action

Birth Through 23 Months

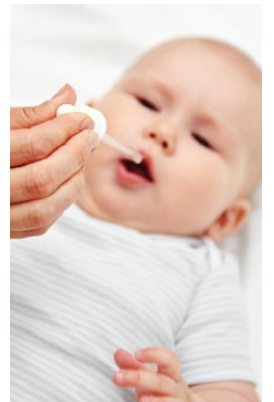
Feed Infants Human Milk for the First 6 Months, If Possible

- Human milk can support an infant's nutrient needs for about the first 6 months of life, with the exception of vitamin D and possibly iron.
 - » Human milk provides nutrients, bioactive substances, and immunologic properties that support infant health, growth, and development.
- If human milk is unavailable, feed infants iron-fortified commercial infant formula regulated by the FDA. Homemade infant formulas and those that are improperly and illegally imported without mandated FDA review should not be used.
- Take precautions to ensure that expressed human milk and infant formula are handled and stored safely.
- Donor human milk should only be obtained from a source that has screened its donors and taken appropriate safety precautions.



Supplemental Vitamin D

- All infants who are fed human milk exclusively or who receive both human milk and infant formula (mixed fed) will need a vitamin D supplement of 400 IU per day beginning soon after birth.
- Infant formula is fortified with vitamin D, thus, when an infant is receiving full feeds of infant formula, vitamin D supplementation is not needed.
- Young children may need to continue taking a vitamin D supplement after age 12 months. Consult with a healthcare professional to determine how long to supplement.



Introduce Nutrient-Dense Complementary Foods at About 6 Months

- Complementary foods, as a supplement to human milk or infant formula feedings, are necessary to ensure adequate nutrition and exposure to flavors, textures, and different types of foods.
- Some infants may show developmental signs of readiness before age 6 months, but introducing complementary foods before age 4 months – or waiting until after 6 months - is not recommended.
- For infants fed human milk, it is particularly important to include complementary foods that are rich in iron and zinc.
- Provide age and developmentally appropriate foods to help prevent choking.



Readiness for Beginning Solid Foods

- Signs of readiness:
 - » Able to control head and neck
 - » Sitting up alone or w/ support
 - » Bringing objects to the mouth
 - » Trying to grasp small objects
 - » Swallowing food rather than pushing it back out
- Developmentally appropriate foods prevent choking risk:
 - » Offer foods in the appropriate size, consistency, and shape
 - » Feed in a high chair or other safe, supervised place
 - » Ensure adult supervision
 - » Do not put infant cereal or solid foods in a bottle



Introduce Potentially Allergenic Foods When Other Complementary Foods are Introduced

- There is no evidence that delaying introduction of allergenic foods, beyond when other complementary foods are introduced, helps to prevent food allergy.
- Foods like peanuts, egg, cow milk products, tree nuts, wheat, crustacean shellfish, fish, and soy should be introduced when other complementary foods are introduced.
 - » Introducing peanut-containing foods in the first year reduces the risk that an infant will develop a food allergy to peanuts.
 - » Cow milk, as a beverage, should be introduced at age 12 months or later.





Infants at High Risk for Peanut Allergy

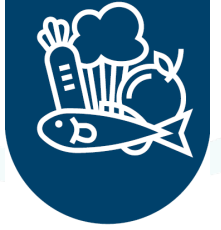


- If an infant has severe eczema, egg allergy, or both, age-appropriate, peanut-containing foods should be introduced into the diet as early as age 4 to 6 months – this helps reduce the risk of developing a peanut allergy.
- Caregivers of infants at high risk should check with the infant's healthcare provider before feeding the infant peanut-containing foods.

Encourage Consumption of a Variety of Complementary Foods and Beverages

- Complementary foods and beverages should be rich in nutrients, meet calorie and nutrient requirements, and stay within limits of dietary components such as added sugars and sodium.
- At about 6 months old introduce:
 - » Iron-rich foods (meats and seafood rich in heme iron, iron-fortified cereals)
 - » Zinc-rich foods (meats, beans, fortified cereals)
 - » A variety of foods from all food groups, knowing it may take up to 8 to 10 exposures for an infant to accept a new food

A nutrient-dense, diverse diet from age 6 through 23 months includes a variety of food sources from each food group.



- Protein foods, including meats, poultry, eggs, seafood, nuts, seeds, and soy products, are important sources of iron, zinc, protein, choline, and long chain polyunsaturated fatty acids.
- Offer vegetables and fruits, especially those rich in potassium, vitamin A, and vitamin C. Beans, peas, and lentils provide a good source of protein and dietary fiber.
- Introduce yogurt and cheese, including soy-based yogurt, before 12 months; do not offer cow milk, as a beverage, or fortified soy beverage, before age 12 months.
- Grains, including iron-fortified infant cereal, play an important role in meeting nutrient needs during this life stage.

Dietary Components to Limit

- Avoid added sugars
 - » Young children have virtually no room in their diet for added sugars.
- Avoid foods higher in sodium
 - » Taste preferences for salty food may be established early in life.
- Avoid honey and unpasteurized foods and beverages
 - » Raw and cooked honey can contain the *Clostridium botulinum* organism and cause serious illness or death among infants.

Establish a Healthy Beverage Pattern

- Small amounts of plain, fluoridated water can be given with the introduction of complementary foods, not before.
- Do not provide cow milk or fortified soy beverages before 12 months to replace human milk or infant formula. Plain cow milk (whole milk) as a beverage can be offered beginning around 12 months to help meet calcium, potassium, vitamin D, and protein needs.
- Plant-based milk alternatives (e.g., rice, oat, coconut, almond) should not be used in the first year of life.
- 100% fruit or vegetable juices should not be given to infants. In the second year of life, fruit juice is not necessary; if provided, limit intake to 4 ounces per day.



Establish a Healthy Beverage Pattern (cont'd)

- Sugar-sweetened beverages should not be given to children younger than age 2.
- Toddler milk and toddler drinks (i.e., beverages supplemented with nutrients) are not needed. These beverages often contain added sugars.
- Avoid beverages with caffeine. No safe limits of caffeine have been established for infants and toddlers.



Healthy Dietary Pattern During the Toddler's Second Year of Life

Healthy U.S. Style Dietary Pattern: Toddlers Ages 12 Through 23 Months Who Are No Longer Receiving Human Milk or Infant Formula

CALORIE LEVEL OF PATTERN ^a	700	800	900	1,000
FOOD GROUP OR SUBGROUP ^{b,c}	Daily Amount of Food From Each Group ^d (Vegetable and protein foods subgroup amounts are per week.)			
Vegetables (cup eq/day)	$\frac{2}{3}$	$\frac{3}{4}$	1	1
	Vegetable Subgroups in Weekly Amounts			
Dark-Green Vegetables (cup eq/wk)	1	$\frac{1}{3}$	$\frac{1}{2}$	$\frac{1}{2}$
Red and Orange Vegetables (cup eq/wk)	1	$1\frac{3}{4}$	$2\frac{1}{2}$	$2\frac{1}{2}$
Beans, Peas, Lentils (cup eq/wk)	$\frac{3}{4}$	$\frac{1}{3}$	$\frac{1}{2}$	$\frac{1}{2}$
Starchy Vegetables (cup eq/wk)	1	$1\frac{1}{2}$	2	2
Other Vegetables (cup eq/wk)	$\frac{3}{4}$	$1\frac{1}{4}$	$1\frac{1}{2}$	$1\frac{1}{2}$
Fruits (cup eq/day)	$\frac{1}{2}$	$\frac{3}{4}$	1	1
Grains (ounce eq/day)	$1\frac{3}{4}$	$2\frac{1}{4}$	$2\frac{1}{2}$	3
Whole Grains (ounce eq/day)	$1\frac{1}{2}$	2	2	2
Refined Grains (ounce eq/day)	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{2}$	1
Dairy (cup eq/day)	$1\frac{2}{3}$	$1\frac{3}{4}$	2	2
Protein Foods (ounce eq/day)	2	2	2	2
	Protein Foods Subgroups in Weekly Amounts			
Meats, Poultry (ounce eq/wk)	$8\frac{3}{4}$	7	7	$7\frac{3}{4}$
Eggs (ounce eq/wk)	2	$2\frac{3}{4}$	$2\frac{1}{4}$	$2\frac{1}{4}$
Seafood (ounce eq/wk) ^e	2-3	2-3	2-3	2-3
Nuts, Seeds, Soy Products (ounce eq/wk)	1	1	$1\frac{1}{4}$	$1\frac{1}{4}$
Oils (grams/day)	9	9	8	13

Make Healthy Shifts to Empower Toddlers to Eat Nutrient-Dense Foods in Dietary Patterns

- Science shows that early food preferences influence later food choices.
- Make the first choice the healthiest choices that set toddlers on a path of making nutrient-dense choices for years to come.



Cereal with Added Sugars

Cereal with Minimal Added Sugars



Fruit Products with Added Sugars

Fruit (e.g., canned in 100% juice)



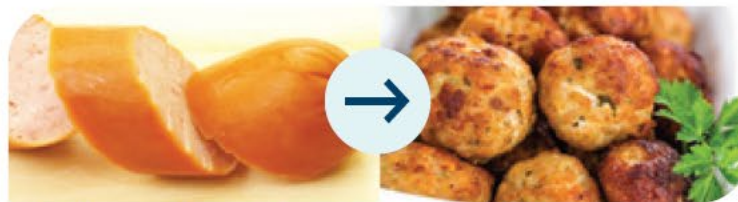
Fried Vegetables

Roasted Vegetables



High-sodium Snacks

Vegetables



High-sodium Meats

Ground Lean Meats



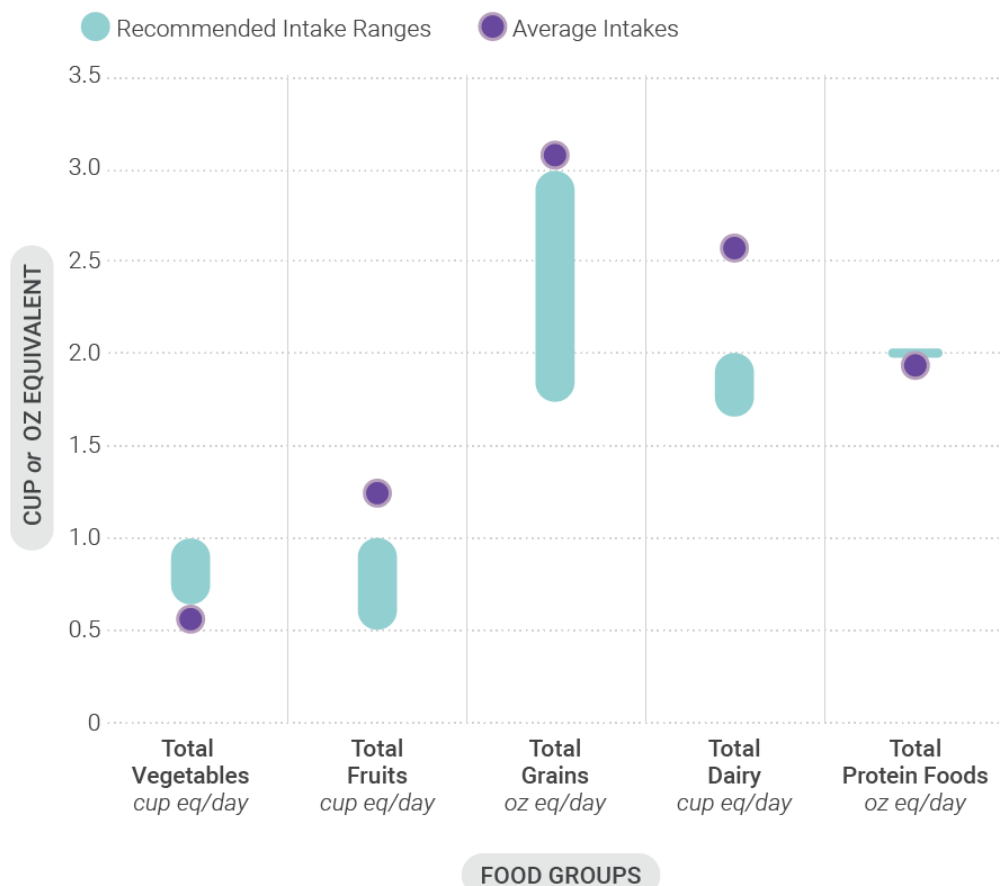
Beverages with Added Sugars

Unsweetened Beverages



Current Intakes: 12 Through 23 Months

Average Daily Food Group Intakes Compared to Recommended Intake Ranges



Added Sugars

Limit: **Avoid**

Average Intakes

104 kcals

Saturated Fat

Limit: **N/A**

Average Intakes

167 kcals

Sodium

Limit: **1,200 mg**

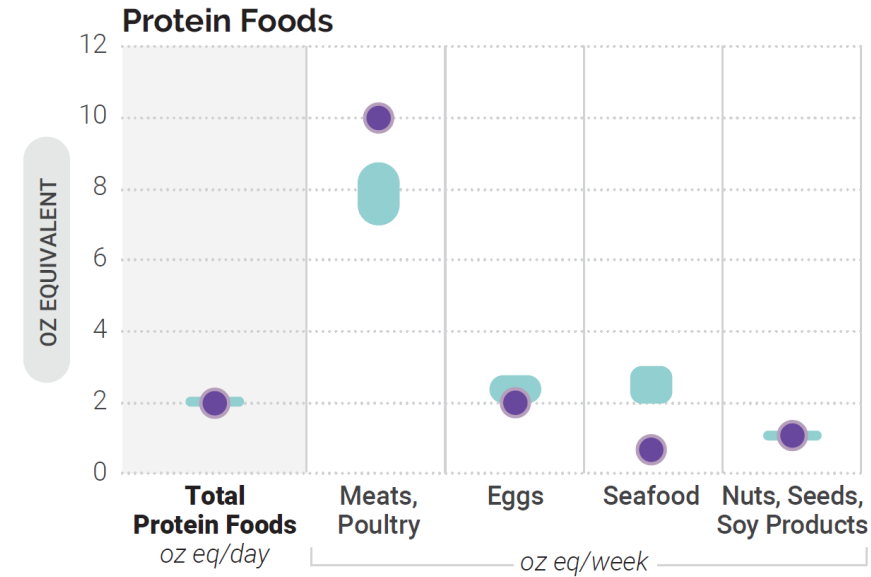
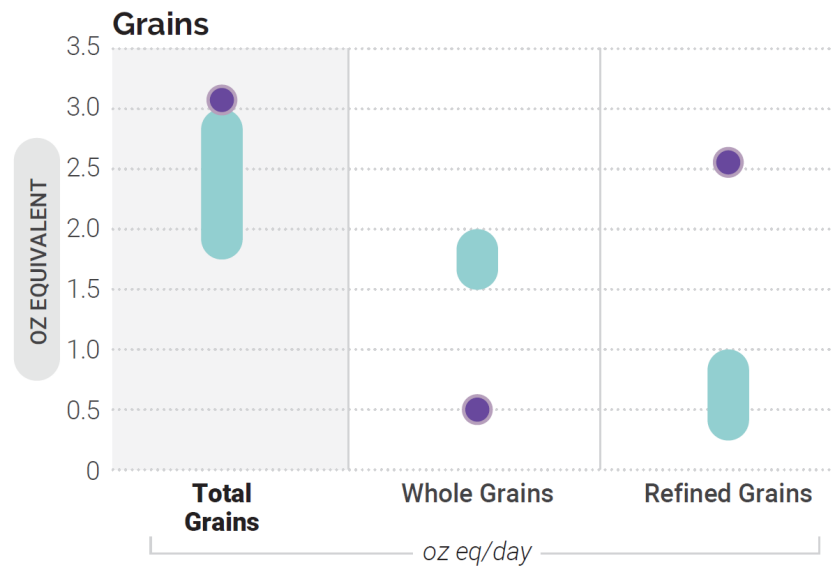
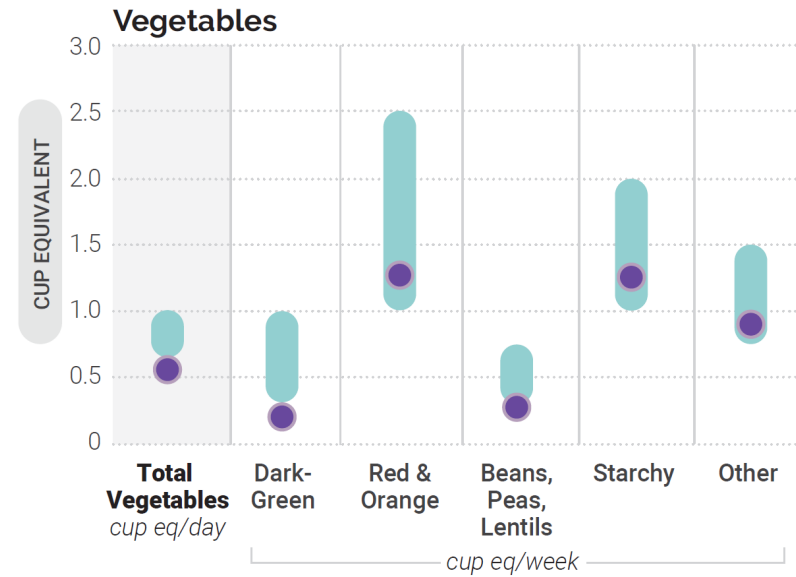
Average Intakes

1,586 mg



Average Intakes of Subgroups Compared to Recommended Intake Ranges: 12 Through 23 Months

Recommended Intake Ranges Average Intakes



Supporting Healthy Eating

- Parents, guardians, and caregivers play an important role in nutrition during this life stage because infants and toddlers are fully reliant on them for their needs.
- In addition to “what” to feed children, “how” to feed young children is critical.

Signs a Child is Hungry or Full*

Birth Through Age 5 Months	
A child may be hungry if he or she: <ul style="list-style-type: none">• Puts hands to mouth.• Turns head toward breast or bottle.• Puckers, smacks, or licks lips.• Has clenched hands.	A child may be full if he or she: <ul style="list-style-type: none">• Closes mouth.• Turns head away from breast or bottle.• Relaxes hands.
Age 6 Through 23 Months	
A child may be hungry if he or she: <ul style="list-style-type: none">• Reaches for or points to food.• Opens his or her mouth when offered a spoon or food.• Gets excited when he or she sees food.• Uses hand motions or makes sounds to let you know he or she is still hungry.	A child may be full if he or she: <ul style="list-style-type: none">• Pushes food away.• Closes his or her mouth when food is offered.• Turns his or her head away from food.• Uses hand motions or makes sounds to let you know he or she is still full.

*More information is available at: cdc.gov/nutritioninfantandtoddlernutrition/mealtime/signs-your-child-is-hungry-or-full.html;
wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf



Resources

Federal Programs

WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
CACFP	Child and Adult Care Food Program
SNAP	Supplemental Nutrition Assistance Program
	Head Start

