CHILDREN'S HEALTH & WELLBEING FACTSHEET

Starting Solids and Weaning Safely

A practical guide to readiness, nutrition, allergens, textures and safer family mealtimes

The short version

Most babies are ready to begin solid foods at around 6 months, while continuing breast milk or first infant formula. Readiness is about development, not simply age or body size. Begin with small amounts, offer a growing variety of tastes and textures, let your baby set the pace and make safety part of every meal. Weaning is a learning stage—not a test of parenting.

What does weaning mean?

In this factsheet, weaning means introducing solid foods alongside milk feeds. It is sometimes called complementary feeding. Breast milk or first infant formula remains the main drink during the first year, while food gradually provides more energy, iron and other nutrients and helps a baby learn new oral and mealtime skills.

Three signs of readiness

Sitting and head control	Your baby can stay in a sitting position and hold their head steady. Use a supportive highchair that keeps them safely upright.
Hand–eye–mouth coordination	They can look at food, reach for it and bring it to their mouth with reasonable control.
Swallowing food	They can move food backwards and swallow rather than automatically pushing most of it out with the tongue.

Common behaviours that are not reliable readiness signs

Chewing fists, wanting more milk or waking more often at night can all happen before a baby is developmentally ready. Starting solids does not make a baby more likely to sleep through the night.

When to begin

NHS advice is to begin at around 6 months when the three readiness signs appear together. Starting before 4 months is not recommended. If your baby was premature, has poor growth, developmental differences, reflux, a medical condition, a suspected allergy or difficulty coordinating sucking and swallowing, ask the relevant health professional for individual advice.

A calm first-week approach

Choose the moment	Offer food when your baby is awake, settled and not desperately hungry. A small milk feed first may help some babies concentrate on learning.
Start small	Begin with a few soft pieces or spoonfuls once a day. Appetite varies. Increase the amount and number of meals gradually as interest and ability develop.
Follow their cues	Offer, wait and observe. Opening the mouth, reaching and leaning forward can show interest. Turning away, closing the mouth or becoming upset means pause or stop.
Expect mess and repetition	Touching, smelling, squashing and dropping food are part of learning. A food may need to be offered many times without pressure before it becomes familiar.
Build routine slowly	Move towards shared family mealtimes and a varied pattern over the following months. Babies under 12 months do not need routine snacks.

Spoon feeding, finger foods or baby-led weaning?

A baby can learn with a spoon, safe finger foods or a mixture. No single method is required. What matters is safe preparation, suitable texture, upright supervision, responsive feeding and a varied nutritious diet. Never force food, scrape the spoon against the upper lip or distract a baby into eating beyond their cues.

Responsive feeding

The adult decides what suitable food is offered, where and when. The baby decides whether to eat and how much. This supports trust, appetite awareness and calmer mealtimes.

Textures, finger foods and safer preparation

Move from smooth textures to mashed, lumpy and finger foods as skills develop. Staying on completely smooth purées for too long can limit opportunities to learn. Babies do not need teeth to manage many soft foods; their gums are firm.

Position	Seat your baby upright in a stable highchair, alert and supported. Do not feed while reclined, lying down, walking, playing or travelling in a car.
Shape	At first, offer soft finger-length batons that a fist can hold with food protruding. Cut small round foods such as grapes and cherry tomatoes lengthways into quarters.
Texture	Cook firm vegetables until soft. Remove bones, stones, tough skin and hard pips. Grate, crush or finely chop hard foods when appropriate.
Nuts	Never give whole nuts to a child under 5. Offer smooth nut butter thinly spread or nuts finely ground into food; never give a sticky spoonful of nut butter.
Supervision	Stay close and actively watch throughout eating. A young child or screen cannot supervise a baby. Keep meals unhurried.
Food hygiene	Wash hands and surfaces, cook foods thoroughly, avoid cross-contamination, cool cooked food promptly and follow safe storage and reheating guidance.

Gagging is not the same as choking

Gagging	Usually noisy. The baby may cough, retch, make a gagging sound, push the tongue forward, water at the eyes or become red. It is a protective learning reflex. Stay calm and let the baby work the food forward.
Choking	May be quiet. The baby may be unable to breathe, cry or cough effectively. Skin colour changes can be harder to see on darker skin; check lips, gums and fingernails. Act immediately using current infant first-aid guidance and call 999 if the blockage does not clear.

Prepare before the first meal

Take an accredited baby first-aid course and make sure every regular carer knows what to do. Do not put fingers blindly into a choking baby's mouth, as this may push an object further in.

Building a varied, nourishing diet

There is no required list of first foods. Offer variety and gradually include foods from all the main groups, adapting texture to ability. Early meals can be simple and do not need expensive baby products.

Iron-rich foods	Offer regularly from around 6 months: meat, fish, egg, beans, lentils, chickpeas, tofu and iron-fortified cereals. Pair plant sources with vegetables or fruit containing vitamin C.
Vegetables and fruit	Include bitter and savoury vegetables as well as fruit. Repeated exposure helps familiarity. Whole fruit is preferable to juice.
Starchy foods	Potato, sweet potato, oats, rice, pasta, bread and other grains provide energy. Vary the type and texture.
Dairy and alternatives	Pasteurised full-fat yoghurt and cheese can be offered from around 6 months. Use an appropriate unsweetened fortified alternative only with reliable nutritional guidance where dairy is excluded.
Fats	Babies need energy and fat for growth. Full-fat foods and small amounts of suitable oils or spreads can help; routine low-fat diets are not appropriate.
Family foods	Adapt ordinary meals before adding salt. Keep flavours varied and culturally familiar while avoiding unsafe ingredients and textures.

Milk, water and cups

- continue breast milk or first infant formula through the first year
- cows' milk may be used in cooking from 6 months
- follow-on and 'goodnight' milks are unnecessary
- offer sips of water with meals from an open or free-flow cup
- do not use cows' milk as the main drink before 12 months
- avoid juice, squash, fizzy drinks, tea, coffee and herbal 'baby' drinks

Vitamins

UK guidance recommends daily vitamins A, C and D from 6 months to 5 years, unless a baby is having more than 500 ml of infant formula a day. Breastfed babies should receive vitamin D from birth. Check current Healthy Start or professional advice because individual needs can differ.

Introducing common allergens

From around 6 months, foods that commonly cause allergy can be introduced one at a time in very small amounts, so a reaction is easier to identify. Once tolerated, continue offering them regularly as part of the usual diet. Unnecessary delay—particularly for cooked egg and peanut—may increase allergy risk.

Foods to introduce	Cows' milk in food, egg, wheat and other gluten-containing cereals, peanut and tree nuts in a safe form, seeds, soya, fish and thoroughly cooked shellfish.
Higher-risk babies	If your baby has eczema, a diagnosed allergy or a strong family history of allergy, eczema, asthma or hay fever, ask a qualified professional for an individual introduction plan.
Mild or delayed concerns	Possible signs include rash, swelling, vomiting, diarrhoea, coughing, wheeze, worsening eczema, blood or mucus in stools, discomfort or poor growth. Timing matters; record the food, amount, symptoms and time course.
Do not self-restrict	Do not remove several major foods or change to a specialist formula without appropriate advice. Exclusion can create nutritional risk and may make diagnosis harder.

Severe allergic reaction: call 999

Call 999 for breathing difficulty, wheezing, swelling of the tongue or throat, a hoarse cry, collapse, marked floppiness, unusual drowsiness or rapidly worsening symptoms. If an adrenaline auto-injector has been prescribed, use it as instructed and still call 999.

Food allergy, intolerance or normal adjustment?

Food allergy involves the immune system and can sometimes be severe. Intolerance does not usually involve the immune system and is not the same as allergy. Gagging, a changed stool pattern or rejecting a new taste can also occur during normal learning. Because symptoms overlap, avoid diagnosing from a commercial test or social-media checklist.

Foods and drinks to avoid or modify

Honey	Do not give before 12 months because of the risk of infant botulism. Honey is also sugar and can contribute to tooth decay.
Salt and salty foods	Do not add salt or use stock cubes and salty gravy. Limit processed meat, crisps, takeaways and other high-salt foods because babies' kidneys are immature.
Sugar and sweet drinks	Avoid added sugar, sweets, juice, smoothies and sweetened drinks. They can displace nutritious food and increase tooth-decay risk.
Choking hazards	Avoid whole nuts, popcorn, whole grapes or cherry tomatoes, hard raw pieces, sausages cut into rounds, hard or sticky sweets, jelly cubes, marshmallows and spoonfuls of nut butter.
Food-poisoning risks	Avoid unpasteurised milk, unsafe soft cheeses, raw or lightly cooked shellfish and eggs that are not British Lion quality unless fully cooked. Cook meat and fish thoroughly and remove bones.
Certain fish	Children under 16 should not eat shark, swordfish or marlin because of mercury. Follow current NHS advice on other fish choices and portions.
Rice drinks	Do not give rice drinks to children under 5 because they may contain too much arsenic. Rice itself can remain part of a varied diet.
Herbal products	Do not give herbal drinks, remedies, essential oils, detox products or adult supplements to a baby unless a suitably qualified clinician has confirmed that the specific product and dose are safe.

Pouches and jars

Commercial baby foods can be convenient but should not dominate the diet. Check labels, vary textures and squeeze pouches onto a spoon rather than letting a baby suck directly from the spout, which can limit learning and increase contact between sugars and teeth.

When feeding needs further assessment

Some babies need more than general advice. Seek assessment when feeding, growth or development is not progressing as expected, or when a parent feels something is wrong. A careful history and observation of feeding are often important.

Swallowing or breathing	Repeated coughing, choking, wet or gurgly breathing, colour change, long pauses, frequent chest infections or marked breathlessness during feeds.
Growth and hydration	Poor growth, weight loss, very few wet nappies, dry mouth, unusual sleepiness, persistent diarrhoea or repeated vomiting.
Pain or distress	Severe distress, persistent arching, blood in vomit or stools, recurrent pain, significant constipation or feeding that consistently takes an unusually long time.
Development and skill	Difficulty sitting or controlling the head, persistent inability to manage age-appropriate textures, marked oral aversion, loss of skills or wider developmental concerns.
Restricted diet	Very few accepted foods, exclusion of a whole food group, suspected multiple allergies, vegan feeding without a nutritional plan, or reliance on specialist products.

Urgent help

Call 999 for choking that does not clear, severe breathing difficulty, collapse, a severe allergic reaction or another life-threatening emergency. Use NHS 111 for urgent advice when it is not an emergency. Seek prompt clinical advice if a baby is dehydrated, unusually drowsy, repeatedly vomiting or unable to keep fluids down.

Who may help

- health visitor, GP or paediatric clinician
- speech and language therapist for feeding/swallowing
- occupational therapist for sensory or functional needs
- dentist for oral-health advice
- registered paediatric dietitian
- allergy clinician for suspected or complex allergy
- infant-feeding specialist with recognised credentials
- prematurity or specialist medical team where relevant

NHS, private and complementary support

NHS route	A health visitor or GP can review growth, symptoms and feeding and refer to paediatrics, dietetics, allergy, speech and language therapy or another service. Waiting times and local pathways vary.
Private route	Families may self-refer to a private paediatrician, paediatric dietitian, allergy service, feeding/swallowing speech and language therapist or occupational therapist. Private care may provide earlier assessment, but quality, scope, costs and follow-up should be checked before booking.
Using both	Private care can complement NHS care. Share reports and test results with relevant professionals, ask who will coordinate follow-up and clarify who is responsible if symptoms change.
Complementary support	A complementary approach is used alongside—not instead of—appropriate medical care. With babies, be especially cautious: 'natural' does not mean safe. Avoid unproven allergy or intolerance tests, spinal manipulation for feeding problems, essential oils by mouth, and unprescribed herbal remedies or supplements.

Choosing a private professional

- check registration with the relevant statutory regulator, such as the GMC or HCPC, and verify the individual on the regulator's register
- check whether the clinic is regulated by the Care Quality Commission where required
- ask about paediatric qualifications, experience with the specific concern, safeguarding, insurance and complaints procedures
- ask what the assessment includes, what it costs, whether tests are evidence-based and how results will change management
- be cautious of guaranteed cures, long lists of restrictions, pressure to buy supplements, or claims that one test explains every symptom

Keep the child's best interests central

The safest route is the one that matches the concern, uses appropriately qualified people, communicates clearly and does not delay necessary medical assessment. Parents are entitled to ask questions, seek a second opinion and choose private support where appropriate.

How Health Matters UK can support your family

Health Matters UK offers personalised health education and practical wellbeing support for parents and families. We can provide time to listen, help you make sense of trusted information and turn broad advice into manageable routines that fit your household. We do not diagnose allergy, swallowing disorders or medical conditions, prescribe treatment, interpret diagnostic tests or replace a regulated paediatric professional.

Prepare	Clarify your main concern, organise a feeding and symptom timeline, list foods and supplements, and prepare focused questions for an NHS or private appointment.
Plan	Create realistic meal routines, food-variety goals, shopping and preparation ideas, safe family-food adaptations and ways to reduce pressure at mealtimes.
Track	Use a simple record of foods, textures, reactions, bowel changes, wet nappies and professional advice without turning every meal into a test.
Navigate	Understand the roles of NHS and private professionals, identify reliable registers and services, and decide what kind of support is appropriate while waiting.
Support the parent	Feeding worry can be exhausting. We can help parents set priorities, protect their own wellbeing and communicate consistently with family and childcare providers.

Your starting-solids checklist

- three readiness signs appear together at around 6 months
- foods are soft and safely shaped
- iron-rich foods and varied textures are included
- no added salt, honey before 1, whole nuts or unsafe drinks
- the baby leads how much to eat
- baby sits upright, alert and closely supervised
- milk feeds continue; water is offered from a cup
- allergens are introduced safely and kept in the diet if tolerated
- all regular carers know choking first aid
- concerns are recorded and assessed when needed

A reassuring next step

Choose one simple meal, one safe texture and one calm time of day. Your baby does not need a perfect menu. Variety, safety, responsiveness and repeated opportunities to learn matter more than how much is eaten at any single meal.

Children's health matters to us

Every child deserves a safe, supported start and every parent deserves clear information, practical choices and time to be heard. Health Matters UK supports families with compassionate, evidence-informed guidance that respects individual needs, culture, circumstances and the parent's knowledge of their child.

Important information

This factsheet provides general education and does not replace an individual medical, nutritional, allergy or swallowing assessment. Guidance may need adapting for prematurity, medical conditions, developmental differences, growth concerns and prescribed diets. Do not delay urgent care while seeking private or complementary support.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. The main sources were current NHS Best Start in Life guidance and UK government advice. Source organisations remain responsible for their external guidance. Recommendations and service pathways can change; check current information where a decision is time-sensitive.

• NHS Best Start in Life. How to start weaning your baby; reviewed online November 2026. nhs.uk/best-start-in-life/baby/weaning/how-to-start-weaning-your-baby/

• NHS Best Start in Life. From around 6 months: what to feed your baby. nhs.uk/best-start-in-life/baby/weaning/what-to-feed-your-baby/from-around-6-months/

• NHS Best Start in Life. Preparing food safely; choking and gagging; foods and drinks to avoid. nhs.uk/best-start-in-life/baby/weaning/safe-weaning/

• NHS Best Start in Life. Introducing foods that could trigger an allergic reaction. nhs.uk/best-start-in-life/baby/weaning/safe-weaning/food-allergies/

• NHS. Foods to avoid giving babies and young children; drinks and cups for babies and young children. nhs.uk/baby/weaning-and-feeding/

• UK Government. Healthy eating: applying All Our Health—vitamin recommendations for infants and young children. gov.uk/government/publications/healthy-eating-applying-all-our-health

• Care Quality Commission. Choosing care services and checking regulated providers. cqc.org.uk

• Professional Standards Authority. Check a practitioner and Accredited Registers. professionalstandards.org.uk

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