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Bringing Baby to the Family Table

PART I

Estelle to camera:

Welcome to “Conversations with KIDCARECANADA”. Do you feel confident that your children are getting the nutrition they need? Are mealtimes joyous in your household? With us to provide current information and strategies are well-known and well-loved Dietitian, Kristen Yarker!

Estelle to Kristen:

Thank you for coming

Kristen:

My pleasure

Estelle:

We are so lucky to have you in the studio with us! You are greatly in demand for your skills and experience. Please tell us more about who you are and why so many families seek your expertise.

Kristen:

As you mentioned, I am a registered dietitian. I have 24 years of nutrition experience. I was lucky in that I knew from a young age that I loved nutrition, I learned that there was something that called a “dietitian”, so I went to University

to become one. While at University, I discovered the field of child development. I have woven dietetics with child development in my career.

I work with individual families and lead workshops for parents and childcare providers. I also work behind-the-scenes with government, health authorities and health non-profit organizations developing policies and resources. For example, I wrote the *BC Pediatric Nutrition Guidelines for Health Professionals*.

Estelle:

Thanks Kristen, I think our viewers will understand why I have come to think of you as a “Dietitian Mary Poppins”.

Our topic today is a vast one. We’ve decided to organize it around some of the situations you are most frequently asked to help out with.

Kristen:

Yes, today we’ll be talking about the introducing foods stage and the “picky eater” stage.

Estelle:

Before we delve into that, you have a philosophy about food and little ones that aligns very much with the healthy social and emotional development approach of KIDCARECANADA. Can you say a few words about that?

Kristen:

Yes. An important shift to make at the time that you start introducing foods to your baby is to shift from feeding baby to bringing baby to the family table. In feeding kids, we have 2 goals. The first goal is to meet their changing nutrition needs. The 2nd goal is to give kids the opportunity to learn and practise eating skills. This includes both the skills involved in self-feeding – such as using utensils. And, the skill of sitting at a table for a meal.

Another way to describe this new stage of solid foods, is by describing each person's "job". It is an adult's "job" to provide opportunities for a child to eat healthy, age-appropriate foods in a pleasant setting. It is the child's "job" to choose how much to eat from what has been provided. Notice that it is not an adult's "job" to get food into a child.

Estelle

This makes so much sense and can really change the family dynamics around food. Right now, let's get back to introducing solids. How does a parent know that their child is ready for solids?

Kristen:

Babies are ready for solid foods at about 6 months. At this time they are generally developmentally ready. And, it is at this time that the iron that they stockpiled in their bodies when they were in their mother's womb, is starting to run low. Breastmilk is naturally low in iron. It's time to start introducing iron from a new source - food.

Estelle:

When it comes to introducing solids, lots of families are confused as there is conflicting information about this. What are the best foods to start with?

Kristen: We recommend offering iron-rich foods twice a day from the very start. Then introducing a wide range of other foods.

Iron rich foods include:

- Meat, poultry, seafood, eggs, beans and lentils, soy foods such as tofu, seeds and iron-fortified cereals.

Choose the foods that your family eats. For example, if you're vegetarian, choose the vegetarian foods listed.

HealthFiles 69c, Sample Meals for Babies 6 – 12 mo

<https://www.healthlinkbc.ca/healthy-eating/sample-meals-baby-6-12-month>

Recipes for baby 6 – 9 mo <https://www.healthlinkbc.ca/healthy-eating/recipes-baby-6-9-month>

When preparing foods, you want to prepare them so that they minimize risk for choking. You can either prepare foods to be soft – many call this the puree method. Or, you can cut foods into finger foods that are small. I love a combination of offering baby purees and finger foods. This morning I had yogurt and yesterday I had hummus – both purees. So it's good to give baby an opportunity to practise these textures. A great texture from the very start is what we call fork-mashed. Picture mashed potato. But you don't want to get stuck only offering purees. We recommend also offering finger foods starting at about 6 months. Babies don't need teeth before they have finger foods.

Estelle:

You have just mentioned a number of foods that are considered common food allergens. Has the advice about introducing these foods changed?

Kristen: Yes, our understanding of food allergies has changed a lot in recent years. The scientific community is still undertaking a lot of research, so I expect that we will learn a lot more in the future. Currently our recommendations are:

- That for most foods you don't need to introduce them one at a time.
- For infants who are not at increased risk for food allergy, even the common food allergens don't need to be introduced one at a time.
- Infants who have severe eczema or who have a first degree relative with allergy or asthma, it is recommended that the common food allergens be introduced one at a time, as soon as you start solid foods – at about 6 months. And, you keep offering those foods several times a week.
- The common food allergens are:
 - Cow milk

- Soy
- Wheat
- Egg
- Peanuts
- Tree Nuts
- Seafood
- Sesame

If your baby has severe eczema or a diagnosed egg or milk allergy before you start solid foods, talk with your primary care practitioner about how to proceed with introducing the common food allergens.

Reference: <https://www.healthlinkbc.ca/healthy-eating/reducing-baby-food-allergy-risk>

PART II

Estelle to camera: welcome back, with us in the studio today is dietitian Kristen Yarker and she is sharing her philosophy and approach to mealtimes for infants and young children.

To Kristen:

What have you brought to show us?

Kristen:

A lot of parents can have concerns about gagging and choking.

Gagging and choking are two very different things.

Choking is when food goes part way down and gets stuck. Blocking the airway. That is what we want to avoid.

Gagging on the other hand is actually a protective mechanism. Gagging is when food falls to the back of the mouth and is brought back forward again – thus

keeping the airway clear. Babies have no negative association with gagging. But we adults do because we associate gagging with choking and throwing up – both highly unpleasant. Expect some gagging as your child is learning to eat. It's normal as they learn this new skill. Remain calm so that your baby doesn't learn from you that there is something scary about eating.

Choking hazards we want to avoid. Either prepare foods to be soft, or smaller than the airway so that they can't block it. Instead of cubes of food, I'm a big fan of skinny fingers.

Other characteristics of foods that are choking hazards that you want to avoid:

- Sticky things such as gum, marshmallows, larger dried fruit, gobs of peanut/nut butter.
- Sharp things like fish with bones or toothpicks.
- Round things – cut into pieces or mash – such as hotdogs (cut lengthways), grapes, chickpeas, nuts.

Discusses the foods:

- Iron-rich food examples
- Demonstration of peanut butter in infant cereal. Infant cereal – fork mashed texture.
- Food Safety: Cooking fish until flakes. Eggs cooked well. *Also, no honey for the first year (even in cooked products such as baked goods and eat marinades).*

Estelle:

What if a child doesn't seem to like a food?

Kristen:

Keep offering the food, on different days. We learn to like new foods through repeated exposure. Also, offer the food in different preparation methods. For

example, if your child hasn't liked steamed broccoli, offer raw broccoli, roasted broccoli and broccoli in a stir-fry. The broccoli prepared in each of these ways are different taste and texture experiences.

Estelle:

Thanks for all of this, Kristen. So if parents do this does it mean they will not have a "picky eater"?

Kristen:

Alas, no, it is not a guarantee. But the approach to eating for toddlers and other young children can make a huge difference in their lifelong attitude to eating.

There is a developmental stage where children express their clear preferences for certain foods and their dislike of others. They can be wary of new foods.

The parent's goal is to ensure the child is meeting their nutritional needs – they don't have to eat every kind of food. We humans learn to like foods. Through repeated exposure. Studies show that it takes 10 – 30 times of seeing a new food before a child will eat it. Infants are born enjoying sweet flavours. All other flavours we learn to like, such as salty, sour, bitter, and spicy. So keep offering the foods that you eat in your household.

Estelle:

You have just raised another good point – every family is different and it's great for the kids to learn to eat what that family enjoys. What else do you recommend as a good way to help children meet their nutritional needs?

Kristen:

A good approach is to give 5- 6 opportunities for children to eat. This can be 3 meals and snacks. "Snack" food is not actually different from foods served at

meals. Kids can be unpredictable. While there is a pattern that many kids eat huge breakfasts or huge mid-afternoon snacks, things can vary from day to day and that is fine. Young children have big nutritional needs but small tummies, so providing 5-6 distinct opportunities to eat helps to ensure that at some time during the day the child will have had their nutritional needs met. Snacks can be left-overs from meals, again, a good focus is iron-rich foods and balance from 2-4 food groups.

Estelle:

What about milk and juice?

Kristen:

Kids don't need juice. They need vegetables and fruit. Starting at about 6 months of age you can start offering your baby water from a cup – as a learning opportunity. Breastmilk or formula is meeting their fluid needs. If you do choose to give juice, a maximum of ½ cup of 100% juice is recommended per day.

If they are breastfeeding, they can continue for as long as they're interested. From a nutrition point of view, there is no age at which kids need to stop breastfeeding. If they stop breastfeeding or were formula-fed, they don't need formula after 12 months. Offer kids up to 2 cups of full-fat cow milk per day. We don't recommend more than 3 cups of milk per day as kids can fill up their tummies with milk and not leave room for the variety of foods that they need to meet their nutrition needs.

Estelle:

How does a parent handle it if a child refuses food at a meal?

Kristen:

Ah, a very common question. Remember, your job is to prepare food from 2 – 4 food groups at 5 -6 opportunities to eat per day. It is the child's job to choose whether or not to eat, how much to eat, and what to eat from what you've

provided. It is very normal for kids to eat a lot some days and very little other days. I recommend making the opportunities to eat “equal” because this is expected sometimes. For example, I’ve noticed that many kids naturally have a big appetite at mid-afternoon snack and a small appetite at dinner. So, take advantage of when they are naturally hungry and offer healthy foods at snack time. Don’t limit how much your child eats. If they only eat 2 bites at dinner because it’s not when they are naturally hungry – okay. You are teaching them to be mindful eaters. You can ask them to sit at the table with you. It’s a great time to have family discussions. Learn taking turns, learn vocabulary, etc.

Plan meals and snacks so that there is always at least 1 food that your child will likely eat. Kids are more likely to try other new foods when they can see that there is at least one familiar food.

Estelle:

Yes, before we say good-bye, let’s look at a short video clip where Dr. Carolyn Steinberg tells a story that shows how our past experiences influence the way we parent, and how easily food is linked to emotions. It comes from our video “Panic Attacks”.

VIDEO CLIP

Kristen:

There are 3 common reasons that I see for throwing food.

1. Babies exploring gravity. If this is the case. Pick the food back up off the floor and instruct your baby with what you do want them to do, e.g. “We keep the food on the table”.
2. Babies having fun feeding the family dog. Sorry, I have no solution for making this less fun (it’s universal). The only solution is to train the dog to stay out of the room or block the dog to keep them out of the room.
3. Babies have learned that the only way that you’ll accept their “all done” is to throw the food on the floor. I see this one a lot. Your baby gives you

more gentle signals that they are finished. They turn their head away. They say “all done”, maybe you’ve taught them sign language and they signal “all done”. But you respond with “maybe some more carrots then. Or “how about another bite for Mommy”. Your child learns that the only way that you’ll listen to them is to throw the food on the floor – then you don’t try to feed it to them anymore. This one has the easiest solution. Respect your child’s “all done” cues and they’ll stop throwing food on the floor.

Estelle:

What a delightful way to end our show – thank you so very much Kristen, for coming.

Kristen:

It was my pleasure. There is so much more that we could have talked about regarding babies, toddler, and preschooler nutrition. Parents can find more trustworthy information through HealthLinkBC. There are dietitians there to answer your questions Monday – Friday from 9am-5pm. Simply call 8-1-1 or send them an email.

Estelle to camera:

And thank YOU for joining us! Do visit our website and follow us on social media. Remember, we are here to support you on your journey as a parent!