

## Standard

# Nutrition Guidelines of Complementary Feeding for Infants and Toddlers (WS/T 678—2020)

### 1 Scope

This standard specifies the basic principles and age-specific guidance for complementary feeding, and requirements of complementary feeding preparation for the healthy full-term infants and toddlers from 6 to 24 months.

This standard is applicable to nutritional guidance for complementary foods supplements for the infants and toddlers from 6 to 24 months.

### 2 Terms and definitions

The following terms and definitions apply to this document.

#### 2.1 Infant

Infants refer to children aged between 0 and 12 months.

#### 2.2 Toddler

Toddlers refer to children aged between 12 and 36 months.

#### 2.3 Complementary foods

After 6 months of age, infants and toddlers continue to breastfeed while adding other foods of various characteristics, including home-prepared and factory produced, to meet their nutritional needs.

### 3 Basic principles of complementary feeding for infants and toddlers

#### 3.1 Time for complementary feeding

Breastfeeding exclusively until 6 months of age, and adding complementary foods when the child is healthy. Infants and toddlers should gradually have meals as their family's three meals a day. At the same time, it is recommended to continue breastfeeding until 2 years old and above.

#### 3.2 Types of complementary foods

The variety ranges from single to diverse, with only one new food added at a time, and the amount is added from small to large. Every time a new food is introduced, it should be adapted for 3 to 5 days to observe whether there are adverse reactions such as vomiting, diarrhea, rash, etc. After adapting to a new food, other new foods should be added. Gradually increasing the variety of complementary foods to achieve daily intake of four or more among the seven common foods, as shown in Appendix A.

#### 3.3 Numbers and nutritional requirements of complementary foods

The amount of complementary foods added varies from small to large, focusing on the hunger and satiety reactions of infants and toddlers, mainly based on their needs. To meet the requirements of the energy and main nutrient intake provided by breastfeeding and complementary foods, please refer to Appendix B.

#### 3.4 Consistency and texture of complementary foods

With the development of the structure and function of the oral and gastrointestinal organs in infants and toddlers, the consistency and texture of complementary foods should gradually increase from thin to thick, from fine to coarse, starting with mashed foods such as meat and vegetables, gradually increasing the hardness and particle size of the food, and transitioning to semi solid or solid foods such as minced meat and chopped vegetables.

#### 3.5 Compliant feeding

With the growth and development of infants and toddlers, feeders should provide diverse and suitable foods according to the changes in the nutritional needs of infants and toddlers, ensuring their healthy development. In the process of feeding, it is necessary to promptly perceive the hunger and satiety reactions emitted by infants and toddlers, and make appropriate responses. The feeders should be patiently encourage and assist infants and toddlers in eating, cultivate their reasonable eating behaviors, help them learn to eat

independently, abide by necessary eating etiquette, and gradually form a healthy eating mode.

### **3.6 Monitoring and evaluation**

Physical growth and development indicators of infants and toddlers are regularly monitored and evaluated, and nutritional status is evaluated. When the nutritional intake of complementary foods fails to meet the needs, it should be adjusted in time and can be reasonably supplemented with nutrients.

### **3.7 Safety and hygiene of complementary foods**

Use clean, safe and hygienic ingredients and utensils for complementary foods preparation. Some foods or eating behaviors can easily lead to eating accidents. To ensure safety, infants and toddlers should be supervised by adults when eating.

### **3.8 Feeding during illness**

Suspend the addition of new complementary foods. Except in special circumstances, encourage the consumption of easily digestible and nutritious complementary foods. Promptly return to a normal diet after recovery.

## **4 Age-specific guidance for complementary feeding**

### **4.1 Six to eight months old**

4.1.1 Types of complementary foods: Start with supplement foods rich in iron, easy to digest and not easy to cause allergies, such as thick porridge, pureed vegetable and fruit, egg yolk, pureed meat and liver, etc., and gradually achieve a balanced intake of eggs, meat, vegetables and fruits every day.

4.1.2 Frequency of complementary foods: Gradually increasing from attempts to 1–2 meals per day, mainly breastfeeding.

4.1.3 Quantity of complementary Foods: Start with portions of 10 mL to 20 mL (about 1–2 tablespoons) per meal, gradually increasing to around 125 mL (about 1/2 bowl). Refer to Appendix C for recommended intake of various foods. Considering the significant individual differences in complementary foods intake, ensure that total milk intake is not affected.

4.1.4 Texture of complementary foods: Transition from a paste-like consistency to finely chopped.

4.1.5 Consistency of complementary foods: Foods should be of a texture that can be easily mashed with the tongue, similar to soft tofu.

### **4.2 Nine to twelve months old**

4.2.1 Types of complementary foods: Introduce poultry (chicken, duck, etc.), red meats (pork, beef, lamb, etc.), fish, animal liver, and animal blood at 8 months. Continue to strive for a balanced intake of eggs, meats, fruits and vegetables.

4.2.2 Frequency of complementary foods: Develop regular eating habits with 2–3 meals per day, 1–2 snacks, while maintaining breastfeeding.

4.2.3 Quantity of complementary foods: Gradually increase portion sizes to around 180 mL (about 3/4 bowl) per meal. Refer to Appendix C for recommended intake of various foods.

4.2.4 Texture of complementary foods: Transition to small chunks and finger-shaped foods that the infant can pick up and eat.

4.2.5 Consistency of complementary foods: The texture can be crushed by the gums, similar to the consistency of a banana.

### **4.3 One to two years old**

4.3.1 Types of complementary foods: The range of foods is similar to that of adults. Gradually increase the variety of complementary foods, aiming to include four or more out of the seven common food categories daily, as detailed in Appendix A.

4.3.2 Frequency of complementary foods: Offer 3 meals and 2 snacks per day, while continuing breastfeeding.

4.3.3 Quantity of complementary foods: Portion sizes should gradually increase from around 180 mL (about 3/4 bowl) to approximately 250 mL (about 1 bowl) per meal. Refer to Appendix C for recommended intake of various foods.

4.3.4 Texture of complementary foods: Foods should be in chunky or finger-shaped forms that toddlers can pick up with their hands. When necessary, foods can be chopped or mashed.

4.3.5 Consistency of complementary foods: The texture should allow chewing with the gums, similar to the texture of meatballs.

Note: The spoon capacity is 10 mL, and the bowl capacity is 250 mL.

## **5 Requirements for complementary foods preparation**

### **5.1 Ingredient requirements**

Ingredients used in complementary foods for infants and toddlers should adhere to relevant food safety standards and/or regulations. They should be fresh, high-quality, uncontaminated, and ensure infants and toddlers safety while meeting their nutritional needs.

### **5.2 Hygiene requirements**

Utensils used in making complementary foods should be kept clean. The preparation process should maintain cleanliness, separation of raw and cooked foods, and ensure thorough cooking of complementary foods. Fruits and other raw foods should be thoroughly washed. Complementary foods should be prepared and consumed immediately, or if not consumed promptly, should be stored appropriately and consumed as soon as possible.

### **5.3 Seasoning requirements**

Complementary foods should retain their natural flavors. Salt, sugar, and spicy seasonings should not be added for infants under 12 months. After turning 1 year old, gradually introduce foods with mild flavors.

### **5.4 Cooking requirements**

Vegetables should be washed before cutting. Steaming is recommended as the primary cooking method, while methods like frying and deep-frying should be minimized.