

Introduction

- When developmentally ready, starting solids on an infant can start anywhere between 4-6 months of age and this period may often generate anxiety and uncertainty among parents, particularly first-time caregivers¹⁻³
- Eggs, dairy, peanuts, tree nuts, fish and shellfish are the most allergenic foods and should be introduced early on after non-allergenic foods are tolerated to decrease the risk of allergies
- Utilizing the 3-day food challenge that allows single ingredient foods to be introduced is an effective way to start solids and identify reactions^{1,4,5}
- Delaying the introduction of foods can increase risk of allergies such as peanut butter and promote weight loss in infants >9mo who are predominantly milk-fed⁵
- Recognizing the individuality of each infant, a comprehensive and standardized guide is essential to empowering parents and minimizing the risk of potential future food allergies

Objective

- The aim of this project is to provide an easy-to-read guide to support parents in initiating solid feeding practices with confidence and to prevent delays in food introduction
- By providing accessible information, we anticipate bolstering parental assurance in navigating this crucial stage in infant development
- Our aim is to provide this easy-to-read guide to parents who are starting solids, and improve parental confidence with the measurable outcome being an increase in confidence level after being educated using the guide, through surveying over the course of a year
- We recognize there is some anxiety and confusion around starting solids, therefore, we aim that this guide will serve as a tool to increase confidence when feeding their child and minimize delays in starting solids

Method

- We created a guide entitled “The Hungry Baby: A Guide to Starting Solids” to offer practical advice on commencing solid foods, including recommended food choices, feeding techniques, and guidance on recognizing allergic reactions
- To gather information on the effectiveness of our guide, we will provide a short, 5-question survey during the 4-9-month well child visit at our MAP clinic at Staten Island University Hospital
- We will use a Likert Scale (1=Not comfortable to 5= Extremely comfortable) to assess parental comfort in introducing solids as a measurable outcome
- The questions that assess comfort level as well as helpfulness of the guide will be asked pre and post exposure and explanation of the guide to assess its usefulness in providing a standard for education
- Inclusion criteria include patients that are 4-9 months of age and developmentally ready to start solids
- Exclusion criteria include any patients that are outside the 4–9-month age range and not developmentally ready to start solids

QR Code



Barriers to Effective Screening

- Limited number of 4–9-month visits
- Expertise level, ie. Parents with older siblings
- Language barrier
- Cultural barriers

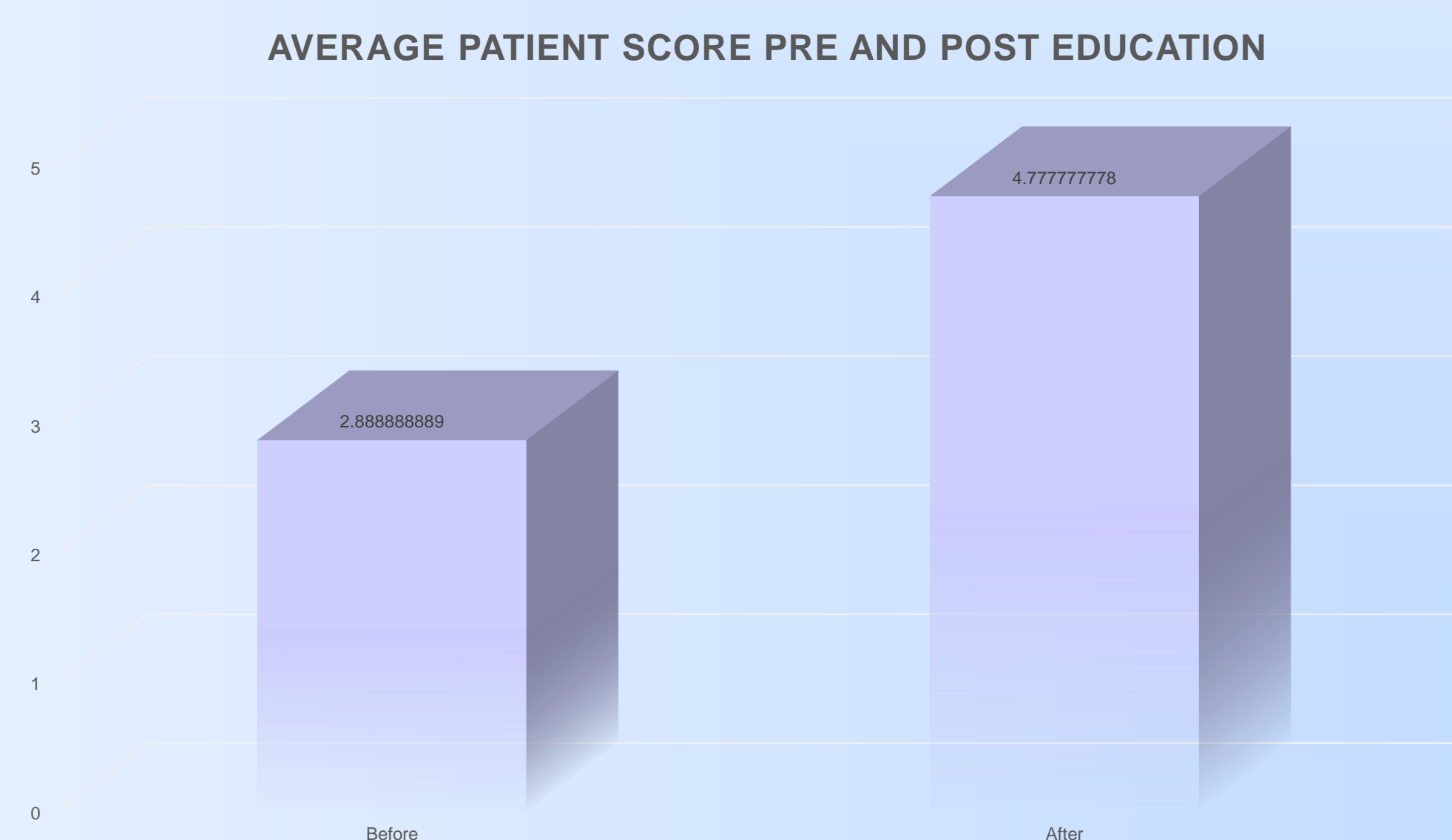
Conclusion

- This project has significant implications for improving confidence in introducing solids to infants and in turn, preventing delays in food introduction
- Availability of “The Hungry Baby” guide aims to provide a reliable and standardized educational resource to effectively counsel parents on introduction to solids
- This guide has the potential to empower caregivers while they navigate this pivotal aspect of infant nutrition with improved confidence and competence

References

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Results



The confidence score increased by 65% after guide was explained to parents

Discussion

- Currently underway, this project will be continuously evaluated throughout the year
- We anticipate a tangible increase to about 75% in parental comfort and confidence in starting solids in infants
- Outcome measures will be derived from survey responses with particular attention to post-exposure questions
- Considering outliers in our data, there will be parents that are not first-time parents and will have more confidence compared to first-time parents
- Every parent is deserving of full education on starting solids, regardless if they already have children
- We hope to gain insight into whether this was helpful to parents or not and make changes accordingly
- If successful, we will implement this tool into our practice at the MAP clinic