

## **Feeding Semi-Solids 5 Times at 4 Months**

The editorial on "Preventing malnutrition: The critical period is 6 months to 2 years (1) states that the addition of semi-solid diet should be between 4 and 6 months of age and it is to be given 4 to 5 times a day in progressively increasing amounts. The IAP Policy on Infant Feeding(2) also mentions the same. My concerns are:

1. Initiation, establishment and maintenance are the 3 phases of lactation (first few days, upto 4 months and up to 1 ½ years, respectively). The aim of lactation management is to reach a maximum daily output of 600-800 ml at 4 months and to maintain it afterwards. Successful establishment and maintenance of lactation are dependent upon frequent suckling, at least 8-10 times a day, as well as complete emptying of both the breasts during each feed. Introduction of 4-5 times weaning food reduces both the frequency and emptying. This results in failure of lactation. Here we are substituting instead of supplementing.
2. It is impossible for the mothers to follow strict hygiene while feeding the semi-solids 4-5 times daily. This over enthusiasm will result in repeated gastrointestinal infections.

The end result of suppression of lactation and recurrent diarrhea will be malnutrition. Here I make 2 different suggestions:

- (i) IAP recommendation (4-5 times weaning food) is followed but with a specific modification in advice.

When the baby is hungry, always the breasts are offered first. As soon as both the breasts are emptied, then the semi-solids are offered next. This order should not be reversed.

- (ii) The other suggestions is to introduce semisolids in the following manner:
  - (a) 4 to 7 mo-once; (b) 7 to 9 mo-twice; (c) 9 to 12 mo-thrice; (d) 12 to 15 mo-4 times; (e) 15 to 18 mo-5 times. Like an adult, at 1½ years of age, the child takes 3 major meals and 2 snacks.

**S. Nataraja Rathinam,**  
*Vidhya Clinic, Narimedu,*  
*Madurai 625 002.*

### **REFERENCES**

1. Ghosh S. Preventing malnutrition: The critical period is 6 months to 2 years. *Indian Pediatr* 1995, 32:1057-1059.
2. IAP Policy on Infant feeding. *Indian Pediatr* 1995, 32:155-164.

### **Reply**

I am glad that Dr. Rathinam has responded to the editorial. The objective of the editorial was to highlight the problem of malnutrition at that age and to stress the importance of giving semi-solids around 4-6 months when breastmilk production begins to diminish. A study from Honduras(1) has suggested that semi-solids should be added around 6 months of age but we still do not have enough data on the adequacy of breastmilk till then. Certainly the semi-solids should be supplements and not substitutes. Semi-solids are always added gradually, small quantities once or twice a day to begin with, gradually increasing the frequency and the quantity. No child will suddenly

start eating a variety of semi-solids several times a day, nor is this advised. The National Family Health Survey has highlighted the inadequacy and delay in the introduction of semi-solids(2). Between 6-9 months, the prevalence of this indicator was less than 50% in a majority of States with a low of 9.4% in Rajasthan while Kerala topped the list with 70%. Dr. Rathinam's suggestion that breast milk should be offered first followed by semi-solid is valid. However, I do not agree with the rigid schedule suggested; nor can mothers follow it. Introduction of semi-solids is a gradual process both with regards to quantity and frequency. A child at that age cannot eat a large quantity at a time which necessitates the increased frequency of feeding. Naturally utmost hygiene should be observed to prevent infection.

Families with limited means cannot distinguish between major meals and snacks and should be advised to offer in consonance with their own feeding pattern.

**Shanti Ghosh,**  
*5, Sri Aurobindo Marg,  
New Delhi 110 016.*

#### REFERENCES

1. Cohen RJ, Brown KH, Canahauti I, Rivera LL, Dewey KG. Effects of age of introduction of complementary foods on infant breast milk intake, total energy intake and growth: A randomized intervention study in Honduras. *Lancet* 1994, 344: 288-293.
2. National Family Health Survey 1992-93. Bombay International Institute for Population Science, 1995.