Little meals, growing skills

An age-wise guide to complementary feeding • 6–24 months

Start at 6 completed months. Offer food alongside breast milk or infant formula. Continue breastfeeding to 2 years and beyond, for as long as mother and child wish. [1, 3]

Baby should hold the head steady, sit upright with support and swallow food. If these skills are missing at six months, or baby was premature, ask for an individual plan.

How much, how often and what texture? [2–4]

Age	Meals and amount to offer	Texture to practise
6 months: starting	Begin with a few spoonfuls. Gradually build towards 2–3 meals daily; increase with appetite.	Thick, soft mash; food should stay on the spoon, not flow like water.
7–8 months	2–3 meals daily; gradually work towards about ½ cup per meal. Optional small nutritious snack.	Fork-mashed food with soft lumps. Offer soft finger foods when ready, usually by 8 months.
9–11 months	3–4 meals daily; about ½ cup per meal. Add 1–2 small snacks if hungry.	Coarsely mashed, finely chopped, moist food; soft pieces to pick up.
12–24 months	3–4 meals plus 1–2 snacks daily; about ¾–1 cup per meal.	Soft family food, chopped as needed. Encourage spoon and cup use.

Here, 1 cup = 250 mL; ½ cup = 125 mL. These are guides to what you offer, never amounts to force. Cups and katoris vary in size. Milk feeds continue; formula-fed babies may need an individual schedule.

Make each savoury meal more nourishing

Combine a grain or starchy food + a protein food + a vegetable + a little oil or ghee. Example: rice + dal + pumpkin + ghee. Rotate vegetables, but keep the dal or another protein food in the meal.

Include iron-rich foods every day. [7] Use thick dal, mashed beans, tofu, iron-fortified infant cereal, or well-cooked finely minced meat. Pair plant sources with tomato or a soft vitamin-C-rich fruit. Spinach or ragi alone is not an iron plan.

Keep it relaxed. Offer when baby is alert and interested. Stop when the mouth stays closed or baby turns away. No screens, chasing, bribing or force-feeding. Let baby touch food; mess is part of learning.

Age-wise food ideas

Choose from these examples; adjust texture to your baby's skills.

6 months • Begin with variety

Try thick rice-and-moong-dal mash, ragi porridge without sugar, mashed pumpkin, mashed banana or plain pasteurised full-fat curd. Start small and expand the choices as foods are accepted; there is no need to repeat only one cereal for a whole month.

7–8 months • Build a mixed meal

Offer fork-mashed vegetable khichdi; soft idli moistened with thick dal; soft vegetable suji/upma; mashed beans; or well-cooked mashed whole egg. Add soft boneless minced chicken or fish if your family eats them. Cook apple until soft; ripe banana or papaya can be mashed without cooking.

9–11 months • Practise chewing and self-feeding

Offer soft vegetable-dal rice, moist crumbled paneer with vegetables, soft egg strips, minced meat with rice, or chapati thoroughly softened in dal. Include easy-to-squash finger foods, such as soft idli strips or cooked sweet-potato batons. Avoid dry, hard or sticky pieces.

12–24 months • Join family meals

Serve a small portion of the family's balanced meal with safe textures and mild seasoning. Offer fruit, plain curd or a soft homemade snack between meals. Continue to help, while allowing more independent eating. Avoid grazing all day and milk that crowds out meals.

Egg, peanut and other allergy foods [5]

Start around 6 months, once baby is ready. Well-cooked whole egg, wheat, dairy, fish and peanut can be introduced; egg does not need to wait for measles vaccination.

Introduce one new allergy food at a time, in a small amount, when baby is well and you can watch for a reaction. Mix smooth peanut butter into porridge until thin and smooth; never give a sticky spoonful or whole nuts. Keep tolerated foods in the usual diet.

If baby has severe eczema, an existing food allergy or a previous reaction, discuss introduction with the doctor first. Stop the suspected food if a reaction occurs and seek advice. Breathing difficulty, tongue swelling or collapse needs emergency care.

Milk, water and packaged food [6, 8, 9]

Before 12 months, use breast milk or infant formula as the main milk drink unless your doctor makes a different plan. Small amounts of pasteurised milk in cooked food and plain full-fat curd are suitable from around six months if tolerated. After 12 months, discuss whole milk according to breastfeeding and dairy intake.

Offer small sips of safe drinking water in an open cup with help from six months. Do not fill baby up with water or replace milk feeds. Plant drinks are not infant-formula substitutes.

Home food can be the foundation. If you use infant cereal, choose an age-appropriate, iron-fortified option without added sugar or honey; follow preparation instructions. A packaged food is not automatically a complete meal. No brand is essential.

Safe, happy mealtimes

Keep this page with the age-wise chart.

Foods to leave out [6, 8, 10]

Before 12 months: No honey or foods containing honey. Do not add salt to baby's food; take out the portion before salting family food.

Through the first 2 years: Avoid added sugar and jaggery, sweetened drinks, tea/coffee and routine biscuits. Offer fruit instead of juice. Use mild flavour from vegetables and spices rather than salt or sweetness.

At every age in this guide: Avoid raw or undercooked egg, meat or fish, raw milk, whole nuts, popcorn, hard sweets and hard raw carrot/apple pieces. Remove bones, seeds and fruit stones.

Prevent choking [10, 11]

Seat baby upright and stay close throughout the meal. No eating while lying down, walking or playing. Put your phone away so you can watch chewing and swallowing.

Food should squash easily between finger and thumb. Soften firm fruits and vegetables; mash beans. Cut grapes and cherry tomatoes lengthways into quarters and smaller if needed. Spread or dilute nut butter; never offer a lump.

Gagging and choking are different. Gagging is often noisy. Severe choking may be silent, with inability to breathe, cry or cough effectively. Call emergency services and give age-appropriate choking first aid immediately. Do not blindly sweep inside the mouth. Ask the clinic about infant first-aid training.

Prepare and store food safely [12]

Wash hands and utensils; use safe water. Serve freshly cooked food when possible. Refrigerate unused cooked food promptly, ideally within 1–2 hours; cool cooked rice within 1 hour and refrigerate. Use refrigerated rice within 24 hours and other prepared baby food within 48 hours. Reheat only once until steaming, then cool before serving. Discard food left in baby's used bowl.

If appetite drops or stools change

A change in stool colour or some visible food pieces can occur. Persistent watery stools, blood, repeated vomiting, fewer wet nappies or unusual sleepiness need medical advice; do not assume these are just adjustment to new foods.

During illness, continue milk feeds and offer smaller, frequent soft meals. Offer extra food during recovery. Arrange review for poor weight gain, repeated coughing/choking during meals, or difficulty progressing beyond smooth purees. [1, 3]

For your baby: Ask about growth, iron and vitamin D at follow-up. Prematurity, restricted/vegan diets, allergy and feeding difficulties need a personalised plan.

Baby's name: _____ Age: _____ Review: _____

Clinic advice: _____

Sources: [1] WHO complementary-feeding guideline (2023); [2] IAP parent guideline, ch. 40 (2020–21); [3] WHO infant feeding fact sheet; [4] UNICEF feeding guides; [5] NHS food allergies; [6] CDC foods/drinks to avoid; [7] CDC iron; [8] NHS foods to avoid; [9] ESPGHAN position paper (2017); [10] CDC choking hazards; [11] NHS safe preparation/choking; [12] NHS storing/reheating food. Full links and clinical notes are in the accompanying guideline review. Reviewed 8 September 2026.