OSDH Grandparents Raising Grandchildren Toolkit

2023

Handouts

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Nutrition

Choking Hazards

Your baby is learning how to chew and swallow foods. This means your child may choke. By 12 months old, your child is getting better at eating and may even be feeding themselves. Even though your child can now eat most foods, some are still choking hazards. The way food is prepared may increase the risk for choking. For example, some foods that are served uncooked, whole, or in certain shapes or sizes can be choking hazards. Cutting up food into smaller pieces and mashing foods can help prevent choking.

Did You Know?

You can help prevent your child from choking.

To learn more, watch these videos from 1,000 Days.

Here are ways to help prevent your child from choking.

Foods and preparation

- Cook and prepare food to the right shape, size, and texture for your child's development.
- Avoid small, sticky, or hard foods that are hard to chew and swallow.

Meals and snacktime

- Have your child sit up while eating (no lying down, crawling, or walking).
- Have your child sit in a high chair or other safe place.
- Avoid letting your child eat in the car or stroller.
- Keep mealtimes calm. Avoid distractions, disruptions, and rushing when eating.

Always

- Pay close attention to what your child puts in his or her mouth.
- Watch your child at all times while he or she is eating.

Be ready

- Talk to your child's doctor or nurse to learn what to do if your child chokes.

Potential Choking Hazards for Young Children

The United States Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) put together a list of foods to avoid because these foods could cause a child to choke. This list may not include all foods which could cause choking. For helpful tips to prevent choking, print this handout [PDF-896KB] from the United States Department of Agriculture.

Fruits/Vegetables

- Cooked or raw whole corn kernels
- Uncut cherry or grape tomatoes
- Pieces of hard raw vegetables or fruit, such as raw carrots or apples
- Whole pieces of canned fruit
- Uncut grapes, berries, cherries, or melon balls
- Uncooked dried vegetables or fruit, such as raisins

Proteins

- Whole or chopped nuts and seeds
- Chunks or spoonfuls of nut and seed butters, such as peanut butter
- Tough or large chunks of meat
- Hot dogs, meat sticks, or sausages
- Large chunks of cheese, especially string cheese
- Bones in meat or fish
- Whole beans

Grain Products

- Cookies or granola bars
- Potato or corn chips, pretzels, popcorn, or similar snack foods
- Crackers or breads with seeds, nut pieces, or whole grain kernels
- Whole grain kernels of cooked barley, wheat, or other grains
- Plain wheat germ

Sweetened Foods

- Round or hard candy, jelly beans, caramels, gum drops, or gummy candies
- Chewy fruit snacks
- Chewing gum
- Marshmallows

Learn more about when, what and how to introduce solid foods.

Page last reviewed: February 25, 2022
Content source: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion

CONSCIOUS CHOKING

Cannot Cough, Speak, Cry or Breathe

After checking the scene for safety and the injured or ill person, have someone CALL 9-1-1 and get consent. For children and infants, get consent from the parent or guardian, if present.

1 GIVE 5 BACK BLOWS

- **Adult:**

- **Child:**

- **Infant:**

2 GIVE 5 ABDOMINAL THRUSTS

- **Adult:**

- **Child:**

- **Infant:** (chest thrusts for infant)

TIP: *For infants, support the head and neck securely. Keep the head lower than the chest.*

3 REPEAT STEPS 1 AND 2 UNTIL THE:

- Object is forced out.
- Person can cough forcefully or breathe.
- Person becomes unconscious.

WHAT TO DO NEXT

- IF PERSON BECOMES UNCONSCIOUS — Carefully lower the person to the ground and give CARE for unconscious choking, beginning with looking for an object.
- Make sure **9-1-1** has been called.

American Red Cross

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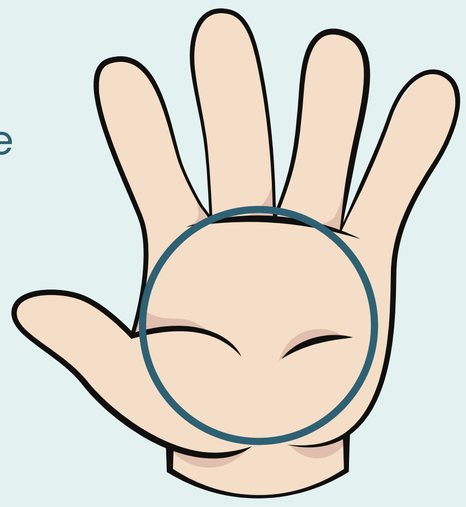
Estimate Portion Sizes Using Your Hand

This portion size guide can help you identify how much is on the plate without having to measure out your portions. For example, if what is on the plate looks as if it is double the size of a palm, then the serving size of 3 oz is doubled.

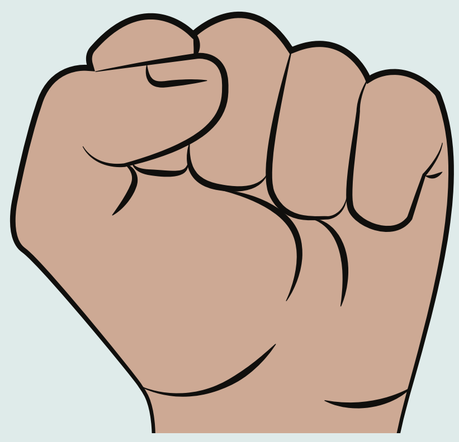
The Palm = 3 oz.

The palm of your hand can be used to estimate protein intake. 1 palm is equivalent to a 3 oz. serving of protein. Examples of what you could measure a 3 oz. serving include pork, poultry, beef, fish, and chicken.



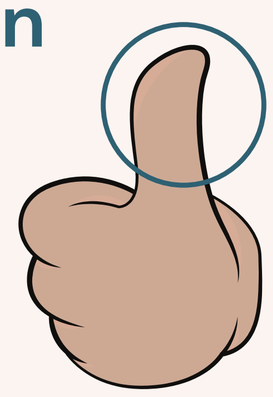
Fist = 1 cup

A fist is a great way of measuring carbohydrates. You can use this tool when measuring the intake of rice, cereals, salads, fruits, or popcorn.



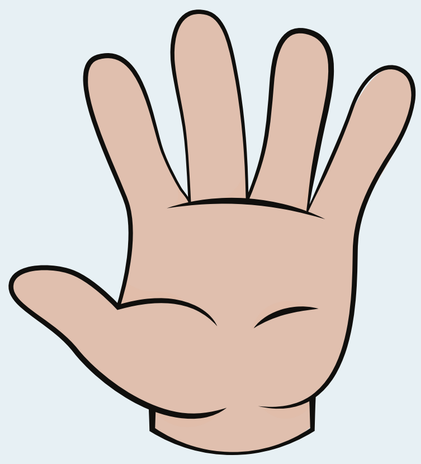
Tip of Thumb = 1 Tablespoon

The tip of a thumb is equivalent to a serving of 1 tablespoon. This tool is used when measuring fat intake such as mayonnaise, cheese, salad dressings, creams, and peanut butter.



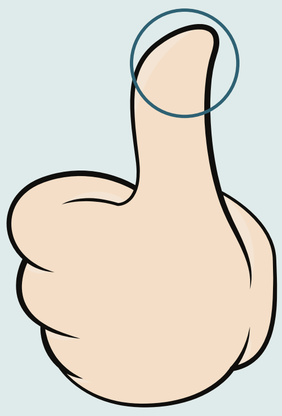
A Cupped Hand = 1/2 cup

1 hand cupped is equivalent to a 1/2 cup serving. You can use this tool for measuring food items such as pastas, potatoes, nuts, and even ice cream.



The Thumb Nail - 1 Teaspoon

The nail of the thumb is about 1 teaspoon serving of oils or fats. This can be used to measure salad dressings, olive oil, or butter.

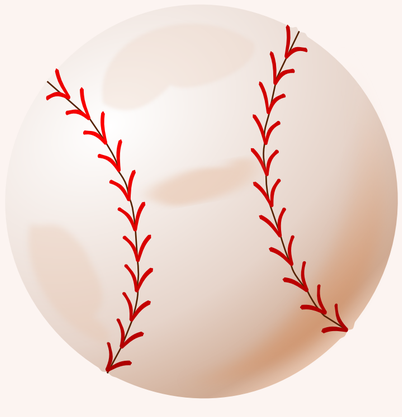


Other At Home Ways of Measuring:

There are many other resources you can use to measure aside from your hand or an actual measuring cup.

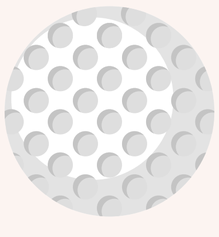
A deck of cards = 3 oz serving of protein

A softball = 2 cups



A baseball = 1 cup

A tennis ball = 1/2 cup



A golf ball = 2 tablespoons

complementary foods in any particular order has an advantage for the infant.[27]

Breastfed infants tend to accept the introduction of new foods more readily than do formula-fed infants. This effect is most likely a result of the infant's exposure to a variety of flavors in human milk from the mother's diet.[28]

Food Hypersensitivities/ Allergies, Intolerances, and Other Adverse Reactions

While the introduction of complementary foods is vital for an infant's growth, parents or caregivers must also watch carefully for signs that an infant's system is reacting poorly to or cannot tolerate certain foods. This is why it is important to introduce foods gradually, giving a parent or caregiver time to watch for signs of intolerance as noted below.

Hypersensitivities/Allergies

Food hypersensitivities, also called allergies, are defined as an adverse health effect arising from a specific immune response. When a food allergy is present, the immune system reacts to a certain food with symptoms such as the following:

- Gastrointestinal system: nausea, vomiting, diarrhea, abdominal pain
- Respiratory system: coughing, wheezing, mouth itch, runny nose, ear infection
- Skin: hives, atopic dermatitis (skin rash, such as eczema)
- Full system: life-threatening **anaphylaxis**

Reactions may occur immediately or hours after eating. Approximately 4 to 8 percent of children in the United States under 3 years of age suffer from food allergies. The most common allergies in infants and children come from milk, egg, wheat, and soy products. These allergies often resolve in childhood, within the first 3 to 5 years of life. Other allergies, from such foods as peanuts, tree nuts, fish, and shellfish can resolve, but they are more likely to persist.[29] ➤ *See also: Chapter 4, ""Why Does My Infant Have an Allergy?," page 95.*

An infant is at high risk for developing an allergy if there is a strong family history of allergy, with at least one first-degree relative (a parent or sibling) with an allergic disease.[30] While it was once recommended that parents and caregivers wait until a child was 3 years old to introduce the top allergenic foods, recent studies have indicated that the delay likely does not prevent an infant's development of allergies, and it may actually increase the risk. Early exposure to a variety of food allergens once the infant is developmentally ready to consume complementary foods, through a healthy, diverse diet may be beneficial to the infant's gastrointestinal tract.[31]

Because there is no convincing evidence that the introduction of allergenic foods should be delayed beyond 6 months of age, the AAP recommends that an infant without allergic risk be introduced to those foods when the infant is determined to be developmentally ready.[32]

If an infant appears to have a reaction to a food (i.e. atopic dermatitis), a health care provider should be contacted to ensure that the infant is clinically allergic to the food before removing it from the diet because restrictive diets may be harmful.

The AAP recommends guarding against infant development of allergies through exclusive breastfeeding for the first 6 months; if that is not possible, parents and caregivers should use hydrolyzed formulas for infants with a family history of allergies.

Food Intolerances

Food intolerances occur when there is difficulty in digesting foods. This can be caused by an enzyme deficiency, a toxin, or a disease not involving the immune system. Food intolerances, such as the following, may cause similar symptoms to those of the food allergies noted above, but they should not be mistaken for food allergies:[33]

Anaphylaxis: A serious allergic reaction involving multiple parts of the body, which can include swelling of the face and tongue. An injection of the drug epinephrine is needed immediately.

- **Lactose intolerance.** This condition is caused by a lack of lactase, the intestinal enzyme that digests the sugar in milk, lactose.
- **Celiac disease.** This condition occurs when gluten, a combination of proteins found in wheat, rye, oats (unless gluten-free), barley, and buckwheat, damages the lining of the small intestine and interferes with absorption of nutrients from food.

These symptoms can occur:

- For lactose intolerance: abdominal discomfort, bloating, loose stools[34]
- For celiac disease: crampy abdominal pain, foul-smelling stools, diarrhea, weight loss, and irritability; apparent after an infant begins eating gluten-containing cereals[35]

NOTE: Only a health care provider can make a diagnosis for either an allergy or food intolerance.

Other Adverse Reactions

Aside from allergic reactions and food intolerances, there are other reactions that can occur from sometimes unexpected sources:[36]

- Food additives such as artificial food colorings
- Natural substances in foods, such as caffeine or fiber
- Substances or microorganisms that cause food poisoning

After any new food is introduced, watch for the following reactions:[37]

- Excessive intestinal gas after consuming certain foods (e.g., certain vegetables, legumes)
- Vomiting
- Diarrhea
- Skin rashes

NOTE: If the parent or caregiver observes any of the above reactions in an infant during or after a feeding, consumption of that food should be stopped immediately and a health care provider consulted. If an infant appears to be having a severe reaction to a food, such as difficulty breathing, the parent or caregiver should call 911 or take the infant to the nearest hospital emergency room.

Choking Prevention[38]

Whenever infants begin consuming complementary foods, choking becomes a concern due to their developmental ability to chew or swallow.

Choking is a major cause of fatality in infants and young children, especially for children from birth to 4 years of age. Food items are associated with approximately 40 percent of fatal choking incidents and approximately 60 percent of nonfatal choking episodes in children. Hot dogs, candy, seeds, raw carrots, apples, popcorn, chunks of peanut butter, marshmallows, sausages, chewing gum, and bones are the foods most often implicated.

Normally when someone eats, the airway to the lungs is blocked off as food passes to the esophagus on its way to the stomach. This prevents food from passing into the airway. However, in infants or young children, choking can occur more easily because the airway is still developing. It is not always blocked off properly during swallowing. This allows food to enter the airway and prevent breathing. Choking may also occur when food is inhaled directly into the airway.

To avoid the risk of choking, an infant should consume only foods that can be easily dissolved with saliva and do not require chewing. This way, only small bits of food enter the esophagus instead of large, unchewed chunks. If any of the food is accidentally directed to the airway, it will not be stuck there.

Parents and caregivers need to be familiar with the foods that pose higher choking risks and avoid them until the infant is developmentally ready. These are listed in *Table 5.1 on page 122*. They should also know the rules for preparing foods of proper shape, size, and consistency as noted in *"Preparing Infant Foods for Consistency, Size, and Shape," pages 133–135*. Finally, it is key for infants and young children to be observed while eating in order to avoid choking.

Steps to Avoid Choking

Choking can occur anywhere and anytime an infant is eating or drinking. It is vital for parents and caregivers

Current Views on Peanut Allergies

Peanut allergy is an adverse response by the body's immune system to otherwise harmless peanut proteins in the diet. The prevalence of peanut allergy has been increasing, especially in some countries such as the United States that advocate avoidance of peanuts by mothers during pregnancy and lactation and by infants.

Emerging evidence shows the potential benefit of peanut introduction during the period of complementary feeding. The 2015 LEAP, or "Learning Early About Peanut Allergy," study conducted by the Immune Tolerance Network and published in the *New England Journal of Medicine,* was based on a hypothesis that the regular eating of peanut-containing products, when started during infancy, will elicit a **protective immune response** instead of an **allergic immune reaction** in the child. The results demonstrated that consuming peanut-containing products likely prevents the development of an allergy among children who were at high risk of peanut allergy.

Based on the LEAP findings, the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health, worked with 25 professional organizations, Federal agencies, and patient advocacy groups to develop clinical practice guidelines on preventing peanut allergies. The resulting fact sheet published in January 2017 gives parents and caregivers basic information they can use to discuss prevention of peanut allergy with their health care provider.

During the complementary feeding period, infants who develop the early onset of an atopic disease such as severe eczema might benefit from seeing a health care provider specializing in allergic diseases who can diagnose a food allergy and suggest whether or not to introduce peanuts to the infant.

Sources: G. du Toit et al., "Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy," *New England Journal of Medicine* 372 (February 26, 2015): 803–13, doi:10.1056/NEJMoa1414850; D. M. Fleischer et al., "Consensus Communication on Early Peanut Introduction and the Prevention of Peanut Allergy in High-Risk Infants," Statement of Endorsement from the American Academy of Pediatrics, *Pediatrics* 136, no. 3 (September 2015): 600–604; A. Togias et al., "Addendum Guidelines for the Prevention of Peanut Allergy in the United States: Report of the National Institute of Allergy and Infectious Diseases–Sponsored Expert Panel," *Journal of Allergy and Clinical Immunology* 139, no. 1 (January 2017): 29–44.

to create an appropriate feeding environment in order to prevent incidents of choking.[39]

Parents and caregivers are strongly encouraged to take the following steps:

- Prepare the proper foods in the appropriate size, consistency, and shape that will allow an infant to eat and swallow easily.
- Feed small portions and encourage infants to eat slowly.
- Avoid giving the infant any medicine for teething discomfort before meals because this may anesthetize the mouth.
- Make sure the infant is seated in an upright position. Sit with the infant and watch over him or her carefully during all mealtimes and snack times. Do not leave an infant or children under the age of 4 alone when they are eating.
- Maintain a calm atmosphere during eating time so the infant is not distracted by loud music, television, or activities of other family members.
- Avoid feeding an infant while in the car because the driver may be the only adult present and cannot assist a choking infant.
- Closely supervise eating during mealtimes.

Protective immune response: The body's ability to recognize and fight or destroy harmful substances

Allergic immune reaction: The immune system's response to a potentially harmful substance. Signs of reaction may include coughing, sneezing, and, in severe cases, difficulty breathing.

- Avoid feeding complementary foods to an infant who is not developmentally ready for them.
- Avoid feeding an infant too quickly.
- Avoid feeding an infant who is lying down, walking, talking, crying, laughing, or playing.
- Avoid feeding difficult-to-chew foods to infants with poor chewing and swallowing abilities.
- Avoid feeding complementary foods to an infant or young child without close supervision.
- Avoid feeding foods that may cause choking, as noted in Table 5.1 below.
- Solids and liquids should not be swallowed at the same time. Offer liquids between mouthfuls.

Food Preparation Techniques to Lower Choking Risk

An infant's risk of choking on food can be lowered by taking the proper precautions when preparing food. Specifically, make sure that food is in a form that does not require much chewing.

TABLE 5.1 – Common Foods That Cause Choking in Children Under Age 4

Vegetables	Fruits	Protein-rich foods	Grain products	Other foods and snacks
Small pieces of raw vegetable (like raw carrot rounds, baby carrots, string beans, or celery), or other raw, partially cooked vegetables Raw green peas Cooked or uncooked whole corn kernels Large, hard pieces of uncooked dried vegetables	Apples or other hard pieces of raw fruit, especially those with hard pits or seeds Large, hard pieces of uncooked dried fruits Whole pieces of canned fruit Whole grapes, cherries, berries, melon balls, or cherry and grape tomatoes	Tough or large chunks of meat Hot dogs, meat sticks, or sausages (even when cut into round slices) Fish with bones Large chunks of cheese or string cheese Peanuts, nuts, or seeds (like sunflower or pumpkin seeds) Chunks or spoonfuls of peanut butter or other nut and seed butters Whole beans	Plain wheat germ Whole-grain kernels Crackers or breads with seeds Nut pieces Hard pretzels	Hard or round candy Jelly beans Caramels Gum drops, gummy candies, or other gooey or sticky candy Chewy fruit snacks Chewing gum Marshmallows Popcorn, potato or corn chips, or similar snack foods Ice cubes

Sources: American Academy of Pediatrics, "Policy Statement: Prevention of Choking among Children," *Pediatrics* 125, no. 3 (March 2010): 601–7; M. M. Chapin et al., "Nonfatal Choking on Food among Children 14 Years or Younger in the United States, 2001–2009," *Pediatrics* 132, no. 2 (August 2013): 275–81, doi:10.1542/peds.2013-0260; U.S. Department of Agriculture, U.S. Department of Health and Human Services, "Appendix A: Practice Choking Prevention," in *Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program* (Washington, DC: USDA, June 2013), 78–79; "Choking Prevention," American Academy of Pediatrics, last modified November 21, 2015, https://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/Choking-Prevention.aspx; K. Holt et al., eds., *Bright Futures: Nutrition,* 3rd ed. (Elk Grove Village, IL: American Academy of Pediatrics, 2011), 70–71; S. P. Shelov, ed., *Caring for Your Baby and Young Child: Birth to Age 5*, 6th ed., American Academy of Pediatrics (New York: Bantam Books, 2014), 283–84, 691–92.

Infants should have enough teeth and the muscular developmental ability needed to chew and swallow the foods being served. Remember, not all infants of the same age will be at the same developmental level. Infants with special health care needs may be at great risk for choking.[40]

- Remove all bones from poultry and meat, especially from fish, before cooking.
- Cook food until it is soft enough to easily mash with a fork.
- Grind up or puree chicken and other tough foods.
- Mash or puree vegetables, fruits, and other foods until they are smooth.
- Cut soft foods into small pieces (ideally cubes of food not larger than a half inch) or thin slices that can easily be chewed.
- Cut cylindrical foods such as hot dogs or string cheese into short, thin strips rather than round pieces that could become stuck in the airway.
- Cut small spherical foods such as grapes, cherry tomatoes, and grape tomatoes lengthwise and then cut them again, into smaller pieces.
- Remove seeds and hard pits from fruit and then cut the fruit into small pieces.
- Grate or thinly slice cheeses.
- Cook and finely grind or mash whole-grain kernels of wheat, barley, and other grains.
- Spread peanut butter, nut butter, or seed butter thinly on crackers. Or mix them with applesauce and cinnamon and spread thinly on bread. Use only creamy, not chunky, peanut, nut, and seed butters.

Baby-Led Weaning

Some parents and caregivers express interest in using a method called baby-led weaning (BLW) to introduce their infants to complementary foods. Although BLW has several proposed advantages, there is concern that BLW may increase the risk of food-related choking. Complementary feeding usually begins with pureed foods being spoon-fed to the infant by a parent or caregiver. In BLW, infants feed themselves all their foods, in the form of graspable pieces. Studies suggest that while gagging continues to be a greater possibility with BLW than with regular spoon-feeding, if the BLW method is followed carefully, choking is no more of a hazard than it is for spoon-fed infants.[41]

Choking: A Major Cause of Unintentional Infant Death

It is important for all parents and caregivers to learn the skills necessary to save an infant's life.

The "Infant CPR Anytime" personal learning program, created by the American Heart Association (AHA), makes it possible for anyone to learn how to relieve a choking infant and perform infant CPR (cardiopulmonary resuscitation). The kit contains everything needed to learn the skills in 20 minutes, and it can be used anywhere, from the home to a large community group setting.

Information on classes held locally can be found on websites for the AHA and the American Red Cross. These organizations conduct classes and provide educational materials on first aid, choking prevention, emergency treatment, and CPR.

The AHA has a wall poster entitled "Heartsaver First Aid for the Choking Infant" appropriate for posting in offices or waiting rooms, with steps and illustrations for emergency treatment. It can be purchased by phone or through their website (1-800-611-6083, http://www.heart.org/en/cpr).

The pamphlet *Choking Prevention and First Aid for Infants and Children,* which addresses choking, first aid, and CPR, can be ordered or downloaded from the AAP website at https://shop.aap.org/product-list/. The pamphlet may also be available from the parent or caregiver's health care provider.

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAMS FOR OLDER ADULTS (AGE 60+)

Grandfamilies or kinship families are families in which grandparents, other relatives, or close family friends are raising children because their parents cannot. Across the U.S., more than 2.5 million children live in grandfamilies or kinship families.

This chart provides a look at the range of federal nutrition programs available to grandfamilies and kinship families with low incomes. Most of these programs are available to anyone who is eligible without waitlists or participation caps, and the programs are especially important resources for grandfamilies and kinship families, since a caregiver does not need to have legal custody or guardianship, or be related to the child living with them to receive help.

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAMS FOR OLDER ADULTS (AGE 60+)

PROGRAMS FOR ALL AGES

PROGRAM NAME	HOW IT WORKS	WHO CAN APPLY	LEARN MORE
Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) Program may be called something else in your area (such as CalFresh in California, 3SquaresVT in Vermont, or Food Assistance Program in Florida) or called EBT.	▸ Participants receive monthly benefits (loaded on an EBT card that's like a debit card) to buy food at grocery stores, farmers' markets, and other food retail outlets across the country that accept SNAP. SNAP participants have the choice of what food items to buy with SNAP, meaning they can buy the foods that are right for them. ▸ SNAP participants can use their SNAP benefits to shop online for groceries at participating retailers. ▸ Special SNAP rules apply when there is a natural disaster. ▸ SNAP benefits are available to anyone who meets the eligibility criteria. There are no caps on the number of people who can participate (different rules apply in Puerto Rico, American Samoa, and the Northern Mariana Islands). ▸ SNAP participation can also help people more easily access other supports such as programs to help with home utility costs or free school meals, and Head Start for children in the household.	▸ For households with low incomes (program rules vary, please check your area's SNAP eligibility information). ▸ For SNAP, a household is individuals who live together and purchase and prepare food together. Members of a SNAP household do not need to be legally related. ▸ Certain people in the household may be subject to additional eligibility or other SNAP rules (college students, eligible non-citizens, some unemployed adults without dependents). ▸ There are special rules to ease access for households with eligible older adults and people with disabilities. ▸ People experiencing homelessness (e.g., living in non-permanent housing, living outdoors, or in a shelter) can be eligible. ▸ Veterans/military families can be eligible. ▸ SNAP operates in every state, the District of Columbia, Guam, and the U.S. Virgin Islands. ▸ Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands operate the Nutrition Assistance Program instead of SNAP and different program rules apply.	**NATIONAL RESOURCES:** ▸ Call the SNAP information line at 1-800-221-5689 for information on how to apply in your area. ▸ Check this SNAP prescreening tool to see if you might be eligible. ▸ Many SNAP agencies allow you to apply for SNAP online. ▸ You must apply for SNAP in the state or territory where you live. People who live on Tribal lands should apply through the SNAP agency in the relevant state. ▸ For more information on SNAP for grandfamilies and kinship families, see this fact sheet. **LOCAL RESOURCES:** _____ _____ _____ _____ _____ _____ _____ _____ _____

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAMS FOR OLDER ADULTS (AGE 60+)

PROGRAMS FOR ALL AGES (CONTINUED)

PROGRAM NAME	HOW IT WORKS	WHO CAN APPLY	LEARN MORE
Emergency Food (e.g., food banks, food pantries/food shelves, and soup kitchens)	▸ Food distributed (e.g., grocery bags or boxes) via food bank partners, including pantries, senior centers, and faith-based groups. ▸ Hours and days of operation vary, so contact your local pantry before going. ▸ Types of foods offered varies. ▸ Many food banks use The Emergency Food Assistance Program, a means-tested federal program that provides food commodities at no cost to individuals and families in need of short-term hunger relief.	▸ For people/households with low incomes, but requirements vary depending on the site. ▸ Some sites require referrals.	**RESOURCES:** ▸ Check out Feeding America for information on food banks and emergency food sites. ▸ Eldercare.acl.gov **LOCAL RESOURCES:** _____
Food Distribution Program on Indian Reservations (FDPIR)	▸ Provides a monthly package of foods to participants. ▸ Administered by more than 270 Tribal governments that store and distribute USDA foods, determine applicant eligibility, and provide nutrition education to participants.	▸ For households with low incomes living on Indian reservations and Native American households residing in designated areas near reservations or in Oklahoma. ▸ There are caps on the number of people who can participate. ▸ Households cannot participate in FDPIR and SNAP at the same time.	**RESOURCES:** ▸ See USDA's website for more information. **LOCAL RESOURCES:** _____

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAMS FOR OLDER ADULTS (AGE 60+)

PROGRAMS FOR ALL AGES (CONTINUED)

PROGRAM NAME	HOW IT WORKS	WHO CAN APPLY	LEARN MORE
Ryan White Food and Nutrition Services (FNS) Category	▸ Provides medically tailored food and nutrition services (FNS), such as home-delivered meals, congregate meals, grocery bags, food pantries, and vouchers that complement and are necessary to the fulfillment of medical nutritional therapy (MTN).	▸ For people with HIV. ▸ There are caps on the number of people who can participate.	**RESOURCES:** ▸ Contact the Food is Medicine Coalition at fimc@glwd.org for information on participating organizations. ▸ People with HIV can apply for services by contacting agencies that provide FNS and MNT through the Ryan White Treatment and Modernization Act. **LOCAL RESOURCES:** _____ _____ _____ _____
Medicaid, Medicare, PACE, and other Affordable Care Act Innovations (sometimes called medically tailored meals)	▸ In most cases, these benefits cover home-delivered meals for adults meeting a certain illness criteria, often through the intermediary of a managed care plan. ▸ Meal plans are tailored to the medical needs of the participant to improve health. ▸ In certain instances, medically tailored food and nutrition services may be an insurance benefit or a reimbursable service for people with severe and/or chronic illness.	▸ For people with severe and/or chronic illness referred by a medical professional or health care plan.	**RESOURCES:** ▸ Contact the Food is Medicine Coalition at fimc@glwd.org for information on participating organizations. **LOCAL RESOURCES:** _____ _____ _____ _____ _____

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAMS FOR OLDER ADULTS (AGE 60+)

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAM NAME	HOW IT WORKS	WHO CAN APPLY	LEARN MORE
School Breakfast and Lunch Programs	▸ Free, reduced-price, or paid school meals (breakfast and lunch) in participating schools. ▸ Meals meet federal nutrition standards, which require schools to serve more whole grains, fruits, and vegetables. ▸ Some schools (those that participate in the community eligibility program) provide free meals to all students without collecting school meal applications.	▸ For children and youth at participating schools. ▸ Children and youth of families at low or moderate income levels can qualify for free or reduced-price meals. ▸ Children in households participating in SNAP, Temporary Assistance for Needy Families, and FDPIR, as well as foster youth, migrant, homeless, or runaway youth, and Head Start participants are automatically eligible and can be certified without submitting a school meal application.	**RESOURCES:** ▸ Contact your local school districts to see about availability of free breakfast and lunch and the application process. **LOCAL RESOURCES:** _____
Afterschool Nutrition Programs	▸ A free, healthy snack and/or meal meeting federal nutrition standards in structured or unstructured educational or enrichment programs running afterschool, on weekends, or during school holidays.	▸ For children and youth 18 and under who participate in programs at participating community sites, including schools, park and recreation centers, libraries, faith-based organizations, or community centers.	**RESOURCES:** ▸ Contact your state agency for participating sites. **LOCAL RESOURCES:** _____

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAMS FOR OLDER ADULTS (AGE 60+)

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS (CONTINUED)

PROGRAM NAME	HOW IT WORKS	WHO CAN APPLY	LEARN MORE
Summer Nutrition Programs	▸ Up to two free meals a day at school or community sites during summer vacation. ▸ Meals meet approved federal nutrition standards.	▸ Children 18 and under can access meals at participating community sites, including schools, parks and recreation centers, libraries, faith-based organizations, or community centers. ▸ There is no need to show identification.	**RESOURCES:** ▸ Contact your local school districts to check participation in summer meals or knowledge of local participating organizations. ▸ Contact your state Department of Education for participating sites. **LOCAL RESOURCES:** _____ _____ _____
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	▸ Provides nutritionally tailored monthly food packages that families redeem in grocery and food stores that accept WIC. ▸ WIC also provides breastfeeding/chestfeeding support, nutrition services, screening, immunization, and health referrals. ▸ WIC recently increased the amounts of fruits and vegetables provided in the food package.	▸ For people who are deemed nutritionally at risk by a health care professional, are income-eligible (income at or below 185 percent of the federal poverty level), and are: » pregnant; » breastfeeding/chestfeeding up to one year after delivery; » postpartum up to six months after delivery (including recent pregnancy loss); or » an infant or child from birth to 5 years old. ▸ Parents, grandparents, and other caregivers can access WIC for eligible infants and children up to age 5 in their care. ▸ Families on Medicaid and SNAP are automatically income-eligible.	**RESOURCES:** ▸ Contact your state's WIC agency for information on local WIC service sites and how to apply. ▸ Check this WIC prescreening tool to see if you might be eligible. **LOCAL RESOURCES:** _____ _____ _____ _____ _____ _____ _____

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAMS FOR OLDER ADULTS (AGE 60+)

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS (CONTINUED)

PROGRAM NAME	HOW IT WORKS	WHO CAN APPLY	LEARN MORE
Child and Adult Care Food Program (CACFP) — Child Care	▸ Provides up to two free meals and a snack to infants and young children in child care centers and homes, Head Start, and Early Head Start. ▸ Updated nutrition standards provide healthy meals.	▸ Typically for children attending eligible child care centers and homes, Head Start, and Early Head Start.	**RESOURCES:** ▸ Contact your state agency for participating child care centers and homes. ▸ Contact your child care provider to see if they are participating in CACFP. **LOCAL RESOURCES:** _____
Child and Adult Care Food Program — Emergency Shelters	▸ Provides residential and food services to children 18 and under experiencing homelessness who are at emergency shelters.	▸ For children 18 and under experiencing homelessness at emergency shelter. There are no application forms for families to fill out. All reimbursable meals are served in group settings, at no cost to the child or to the child's family.	**RESOURCES:** ▸ Contact your state CACFP agency for information. ▸ USDA information on CACFP for shelters. **LOCAL RESOURCES:** _____

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAMS FOR OLDER ADULTS (AGE 60+)

PROGRAMS FOR OLDER ADULTS (AGE 60+)

ELDERCARE LOCATOR

PROGRAM NAME	HOW IT WORKS	WHO CAN APPLY	LEARN MORE
Commodity Supplemental Food Program (CSFP) Program may be called something else in your state.	▸ Provides a monthly food box with items like canned fruit and vegetables, cheese, shelf stable milk, cereals, potatoes, grains, peanut butter, and dried beans. ▸ Authorized to operate in every state, the District of Columbia, and Puerto Rico, and by several Indian Tribal Organizations. Administered by a state agency in conjunction with local food banks, nutrition programs, and community action organizations.	▸ For adults ages 60 and older with low incomes (at or below 130 percent of the federal poverty level). ▸ There are caps on the number of people who can participate, and the program is not available in every area.	**RESOURCES:** ▸ See USDA for more information on CSFP and how to apply. **LOCAL RESOURCES:** _____
Senior Farmers' Market Nutrition Program	▸ Annual vouchers (worth a total of $20–$50) to use for eligible foods (fruits, vegetables, honey, and fresh-cut herbs) at participating farmers' markets, roadside stands, and community-supported agriculture programs.	▸ For people age 60 and older with low incomes (at or below 185 percent of the federal poverty level), but states have the option to tie eligibility to participation in other programs like SNAP or CSFP. ▸ There are caps on the number of people who can participate, and the program is not available in every area.	**RESOURCES:** ▸ See USDA for more information on participating states. **LOCAL RESOURCES:** _____

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES

PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS

PROGRAMS FOR OLDER ADULTS (AGE 60+)

PROGRAMS FOR OLDER ADULTS (AGE 60+) (CONTINUED)
ELDERCARE LOCATOR

PROGRAM NAME	HOW IT WORKS	WHO CAN APPLY	LEARN MORE
Child and Adult Care Food Program (CACFP) — Older Adult Day Centers	▸ Two meals (breakfast, lunch, or supper) and one snack, or two snacks and one meal, to each eligible participant, each day. ▸ Meals are free, at a reduced-price, or paid, depending on the income of the participant. ▸ New and improved nutrition standards.	▸ For people age 60 and older and/or individuals who are functionally impaired at participating non-residential adult day care centers. ▸ Funding available to serve all eligible centers approved by the state.	**RESOURCES:** ▸ Contact your state CACFP agency for information. **LOCAL RESOURCES:** _____
Congregate Meal Program Program may be called something else in your state, such as Meals with Friends.	▸ Provides group meals at participating sites throughout the country such as recreation centers, senior housing, places of worship, and other community spaces. ▸ Meals (typically lunch) served Mondays through Fridays and must provide at least one-third of the recommended dietary allowance. ▸ Meals are free, but voluntary contributions are accepted.	▸ For adults age 60 and older (plus spouse, household member with a disability, or caregiver accompanying an older adult to site as well as site volunteers). ▸ Preference is given to those with the greatest economic and social needs, with particular attention to: older individuals with low incomes, minority older adults, older adults with limited English proficiency, older individuals residing in rural areas, and older adults at risk of institutional care.	**RESOURCES:** ▸ Check out the Eldercare Locator to locate a participating site. ▸ Meals on Wheels provides a listing of sites. **LOCAL RESOURCES:** _____

GET FOOD HELP:
Federal Nutrition Programs and Emergency Food Referral Chart for Grandfamilies and Kinship Families

QUICK LINKS

PROGRAMS FOR ALL AGES | PROGRAMS FOR CHILDREN, YOUTH, INFANTS, AND EXPECTANT AND POSTPARTUM PARENTS | PROGRAMS FOR OLDER ADULTS (AGE 60+)

PROGRAMS FOR OLDER ADULTS (AGE 60+) (CONTINUED)
ELDERCARE LOCATOR

PROGRAM NAME	HOW IT WORKS	WHO CAN APPLY	LEARN MORE
Home-Delivered Meals Program may be called something else in your state, such as Meals on Wheels.	▸ Meals are delivered to place of residence (number of meals and frequency vary). ▸ Meals must provide at least one-third of the recommended dietary allowances. ▸ Meals are free, but voluntary contributions are accepted. ▸ Note: Meals on Wheels programs throughout the country offer home-delivered meals and may have different criteria for participation; some are funded with Title III, OAA funding, while others rely in whole or in part on non-governmental funding.	▸ For people who are: » 60 years of age, » frail, homebound, or isolated » spouses of or a person with disabilities who live with a participating older adult. ▸ There are caps on the number of people who can participate, and while there is no means test for participation, preference is given to those with the greatest economic and social needs, with particular attention to: older individuals with low incomes, minority older adults, older adults with limited English proficiency, older individuals residing in rural areas, and older adults at risk of institutional care.	**RESOURCES:** ▸ Check out the Eldercare Locator for information on home delivered meals in your area. ▸ Meals on Wheels provides a listing of sites as well as other home-delivered meal services. **LOCAL RESOURCES:** _____ _____ _____ _____ _____ _____ _____

For more information, download the Federal Nutrition Programs for Grandfamilies & Kinship Families Fact Sheet with the QR code below or by visiting the website: bit.ly/grand_fnp_facts

USDA NATIONAL HUNGER HOTLINE

PHONE 1-866-3-HUNGRY/1-866-348-6479 or **1-877-8-HAMBRE**/1-877-842-6273 (for Spanish)

TEXT 914-342-7744 Text a keyword like "food", "summer", or "meals" to receive an automated response with resources near an address or zip code.

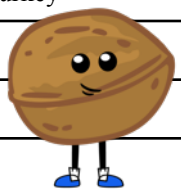
FRAC Food Research & Action Center
www.frac.org

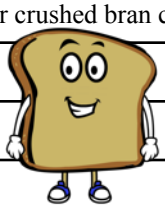
generations united
Because we're stronger together®
www.gu.org

Healthier Recipes Are Easy - Substitutions Guide

With just a few simple changes to your recipe, you can make any special meal healthier with this healthy ingredient substitution guide!

If your recipe calls for:	Try this Healthier Alternative instead
Milk Group	
Condensed whole milk or Evaporated milk	Evaporated skim milk
Cream for soups	Mashed potato flakes, pureed starchy vegetables or silken tofu
Creamed soups	Fat-free milk-based soups
Eggnog	Sparkling cider or reduced fat eggnog
Full-fat cream cheese	Fat-free or low-fat cream cheese, Low-fat cottage cheese pureed until smooth
Full-fat sour cream	Fat-free or low-fat sour cream, plain fat-free or low-fat yogurt
Ice cream	Low fat whipped cream or frozen low fat yogurt
Sour cream	Low fat yogurt or reduced fat sour cream
Whole milk	Reduced-fat or fat-free milk, soy milk, or rice milk
Meat & Beans Group	
Bacon	Canadian bacon, turkey bacon, or lean prosciutto
Eggs	Two egg whites or 1/4 cup egg substitute for each whole egg
Ground meat	Extra-lean or lean ground beef, pork, chicken or turkey
Meat	Add vegetables and mix in with meat
Meat	Tofu or soy based for a meatless substitute
Poultry dark meat	Poultry white meat (chicken or turkey)
Poultry with skin	Poultry without skin
Grains Group	
All-purpose flour	Whole-wheat flour (you may only need 1/2 as much)
Dry bread crumbs	Rolled oats, whole wheat bread crumbs or crushed bran cereal
Enriched pasta	Whole-wheat or brown rice pasta
Pie crust	Graham cracker crust
White bread	Whole-wheat or sprouted bread





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If your recipe calls for:	Try this Healthier Alternative instead
White rice	Brown rice, wild rice, bulgur, couscous or pearl barley
Vegetables	
Creamed vegetables	Steamed vegetables
Add some vegetables!	Arugula, chicory, collard greens, dandelion greens, kale, mustard greens, spinach or watercress and more!
Mashed potatoes	Mashed sweet potatoes
Fruit Group	
Fruit canned in heavy syrup	Fruit canned in its own juices or in water, or fresh fruit
Pie and ice cream	Fresh fruit with sorbet
Add fruits as toppings to dessert!	Baked fruit based desserts with no added sugar
Seasonings and Sugars	
Chocolate chips	Dried fruit
Seasoning salt	Herb seasonings or minced garlic, celery or onions
Syrup	Pureed fruit, such as applesauce Low-calorie, sugar-free syrup
Soy sauce	Low-sodium soy sauce
High sodium packaged or canned foods	Low-sodium or reduced-sodium versions
Sugar for desserts	Natural sweeteners such as fruit, honey or Agava
Sugar	Try cutting the sugar by 1/3 amount.
Oils	
Butter, margarine, shortening or oil to prevent sticking	Cooking spray or nonstick pans
Butter, shortening or oil	Margarine or 1/2 the amount of fruit puree when baking
Margarine in baked goods	Trans fat-free butter spreads or shortenings that are specially formulated for baking
Mayonnaise	Reduced-calorie, reduced-fat mayonnaise
Oil-based marinades	Wine, balsamic vinegar, fruit juice or fat-free broth
Salad dressing	Fat-free or reduced-calorie dressing, herbed season olive oil or flavored vinegars

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Source:

Michelle Mirizzi RD MSN Nourish Interactive dietitian

Armstrong, Cheryl H., MBA, RD. Purdue University School of Consumer and Family Sciences. "Top 20 Healthy Recipe Ingredient Substitutions" (Handout) Nutrition and Food Safety Workshop for Quantity Food Providers. 27 April 1999.

University of California-Los Angeles Center for Human Nutrition. Encyclopedia of Foods: A Guide to Healthy Nutrition. San Diego, Calif.: Academic Press; 2002:126-129.

http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/lcal_fat.htm

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USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

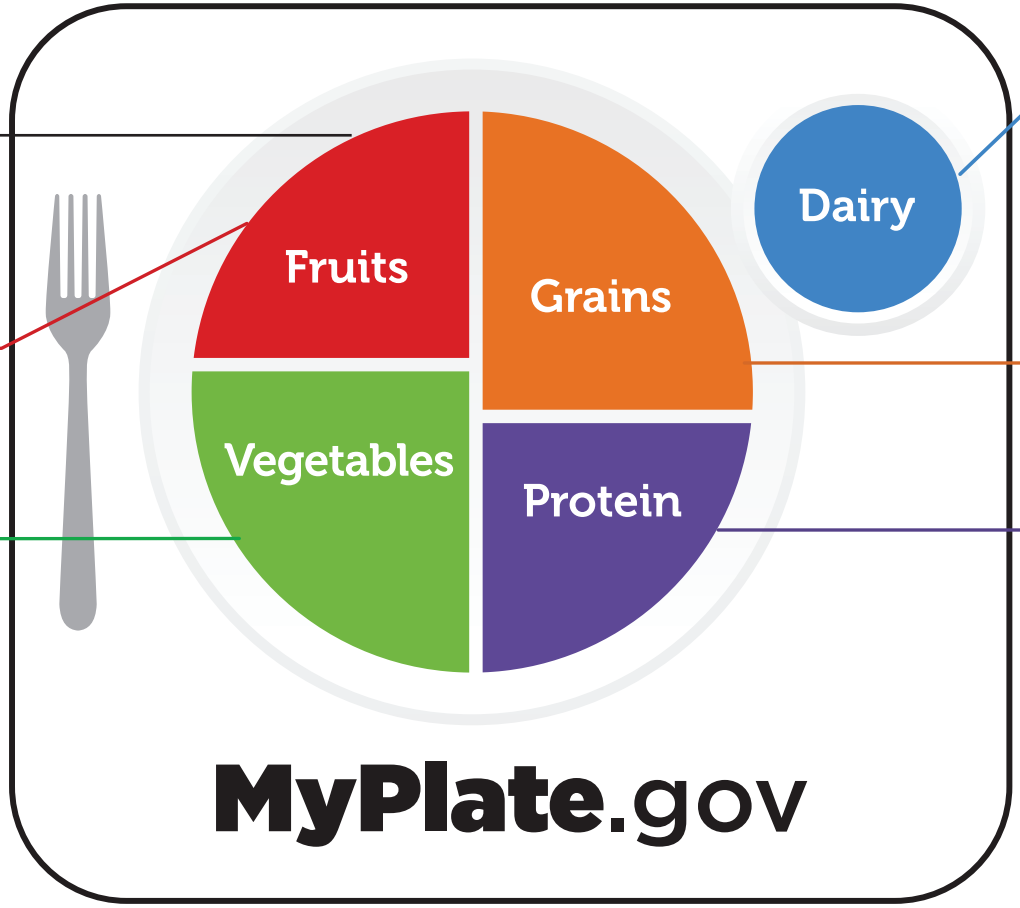
Start simple with MyPlate

Healthy eating is important at every life stage, with benefits that add up over time, bite by bite. Small changes matter.

Make half your plate fruits and vegetables.

Focus on whole fruits.

Vary your veggies.



Move to low-fat or fat-free dairy milk or yogurt (or lactose-free dairy or fortified soy versions).

Make half your grains whole grains.

Vary your protein routine.

Limit Choose foods and beverages with less added sugars, saturated fat, and sodium.

Activity Being active can help you prevent disease and manage your weight.

DGA Dietary Guidelines for Americans

FNS-921
January 2022
USDA is an equal opportunity provider, employer, and lender.

Fruits	Vegetables	Grains	Protein	Dairy
Focus on whole fruits like fresh, frozen, canned, or dried. Buy fruits to have them available to add to your meal or eat as a snack. If you buy juice, select 100% fruit juice.	Eat a variety of vegetables and add them to mixed dishes like casseroles, sandwiches, and wraps. Fresh, frozen, and canned count, too. Look for "reduced sodium" or "no-salt-added" on the label.	Choose whole-grain versions of common foods such as bread, pasta, and tortillas. Not sure if it's whole grain? Check the ingredients list for the words "whole" or "whole grain."	Eat a variety of protein foods such as beans, soy, seafood, lean meats, poultry, and unsalted nuts and seeds. Select seafood twice a week. Choose lean cuts of meat and ground beef that is at least 93% lean.	Choose low-fat (1%) or fat-free (skim) dairy. Get the same amount of calcium and other nutrients as whole milk, but with less saturated fat and calories. Lactose intolerant? Try lactose-free milk or a fortified soy beverage.

Daily Food Group Targets — Based on a 2,000 Calorie Plan

Visit MyPlate.gov/MyPlatePlan for a personalized plan.

2 cups	2½ cups	6 ounces	5½ ounces	3 cups
1 cup counts as:	*1 cup counts as:*	*1 ounce counts as:*	*1 ounce counts as:*	*1 cup counts as:*
1 small apple 1 large banana 1 cup grapes 1 cup sliced mango ½ cup raisins 1 cup 100% fruit juice	2 cups raw spinach 1 cup cooked collard, kale, or turnip greens 1 small avocado 1 large sweet potato 1 cup cooked beans, peas, or lentils 1 cup cut cauliflower	1 slice of bread ½ cup cooked oatmeal 1 small tortilla ½ cup cooked brown rice ½ cup cooked couscous ½ cup cooked grits	1 ounce cooked lean chicken, pork, or beef 1 ounce tuna fish ¼ cup cooked beans, peas, or lentils 1 Tbsp peanut butter 2 Tbsp hummus 1 egg	1 cup dairy milk or yogurt 1 cup lactose-free dairy milk or yogurt 1 cup fortified soy milk or yogurt 1½ ounces hard cheese 1 cup kefir

Limit

Choose foods and beverages with less added sugars, saturated fat, and sodium.

Limit:

- Added sugars to <50 grams a day.
- Saturated fat to <22 grams a day.
- Sodium to <2,300 milligrams a day.

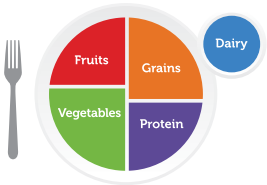
Activity

Don't forget physical activity!

Being active can help you prevent disease and manage your weight.

Kids ≥ 60 min/day Adults ≥ 150 min/week

Start simple with MyPlate



Make Better Beverage Choices

At every age, what you drink can be as important as what you eat. When deciding what to drink, choose options that are full of nutrients and limited in added sugars, saturated fat, and sodium. Start simple with these tips today:

Drink water

Drink water instead of sugar-sweetened beverages. Regular soda, energy or sports drinks, and other sweetened drinks usually contain a lot of added sugars.

Encourage kid-friendly drinks

Make water, low-fat or fat-free dairy milk, or unsweetened seltzer the go-to options for your kids. Serve 100% juice only on occasion.

Compare food labels

Use the Nutrition Facts label when shopping for beverages. Check and compare calories, amounts of added sugars, and servings per containers.

Cut coffee calories

Skip the whipped cream and chocolate or caramel drizzle. Go with low-fat milk and a sprinkle of cinnamon or nutmeg for a lower calorie coffee.

Grab a bottle on the go

Carry a clean, reusable water bottle in your bag to fill up throughout the day. Tap water is usually easy to find.

Jazz up your drink

Perk up your plain water or seltzer water with lemon, lime, or orange slices. Maybe even try some fresh mint leaves or a few fresh or frozen berries.

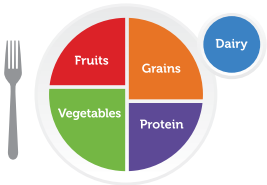
DGA Dietary Guidelines for Americans

Go to **MyPlate**.gov for more information.
USDA is an equal opportunity provider, employer, and lender.

The benefits of healthy eating add up over time, bite by bite.

FNS-905-11
March 2022

Start simple with MyPlate



Dine Out/Take Out

Healthy eating is important at every age. Eat a variety of fruits, vegetables, grains, protein foods, and dairy or fortified soy alternatives. When deciding what to eat or drink, choose options that are full of nutrients and limited in added sugars, saturated fat, and sodium. Start with these tips:

Decode the menu

Look for choices that are baked, broiled, grilled, poached, steamed, boiled, or roasted to limit extra saturated fat and salt. If you aren't sure, ask how menu items are prepared and/or if they can be prepared a different way.

Start your meal with veggies

If you start your meal with a salad or eat your vegetables first, you will feel full sooner and ensure that you get valuable vegetable nutrients.

Split your dish

When ordering food, portions can be very large. Consider sharing a meal with someone else or making two meals out of it by saving half for the next day.

Look for fruits and veggies

Pick dishes that highlight vegetables like stir-fries, veggie wraps, or kabobs. Select fruit as a side dish or for dessert.

Plan ahead and compare choices

Before you order takeout or head to a restaurant, see if menu information is available on a website. Look for choices that are lower in calories, sodium, and saturated fat.

Choose your sauce

Pick sauces made from vegetables like marinara, rather than cream or butter sauces to limit calories from saturated fat. You can ask for them on the side or for the dish to be prepared with less or no sauce.

DGA Dietary Guidelines for Americans

Go to **MyPlate**.gov for more information.
USDA is an equal opportunity provider, employer, and lender.

The benefits of healthy eating add up over time, bite by bite.

FNS-905-28
March 2022

Some Things Never Change: Nothing Is Better Than Breast Milk

- Breast milk is easier to digest. Breastfed babies have less diarrhea, constipation, and colic.
- Breast milk contains antibodies to fight infections.
- It may reduce the baby's risk of becoming obese, having diabetes, and developing other diseases.
- It lowers the risk of asthma, allergies, and certain cancers.
- Breast milk contains special ingredients to promote brain growth.

Breastfeeding Benefits for Moms

Breastfeeding is best for the mother too! It helps mom's uterus shrink to its pre-pregnancy size. Mom loses weight faster. And it reduces your daughter's or daughter-in-law's risk for breast and ovarian cancer.

How will I know my grandbaby is getting enough?

Sometimes you might worry that your grandbaby is not getting enough milk. You can be assured that the baby is getting plenty of milk in a number of ways, including counting the number of wet diapers and poops. The color, texture, and frequency of your breastfed grandbaby's poops will change as your grandbaby grows. The chart below offers a guide for the frequency and color of your grandbaby's daily poops and wet diapers.

The boxes show the smallest number of diapers for most babies. It is okay if your grandbaby has more diapers than what is shown.

Your grandbaby may have more than 6 poops a day after the first week. Do not worry if your grandbaby loses a little weight in the first few days. After about 5 days, the baby should gain 4–8 ounces or more per week with breast milk. After 6 weeks, there may be fewer dirty diapers.

Baby's Age	Wet	Poops
DAY 1 (birthday)		
DAY 2		
DAY 3		
DAY 4		
DAY 5		
DAY 6		
DAY 7		

Loving Support makes breastfeeding work©

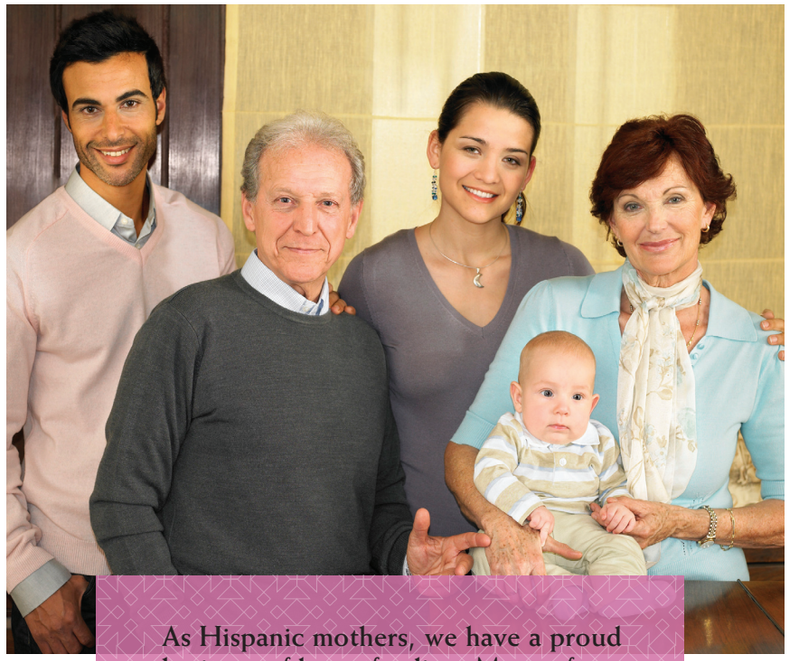
Contact your local WIC office for more information.
USDA is an equal opportunity provider and employer.
This project was funded by USDA/FNS WIBR-05-TX-1.
October 2008

Grandparents Play an Important Role

Breastfeeding: A Magical Bond of Love

The Magic of Sharing Wisdom

Each new grandchild is a jewel in a grandparent's crown. And when your children become parents themselves, they turn to you for advice and wisdom. They value your experience when they make their decisions about how to take care of your grandchildren. This is especially true when it comes to feeding their newborn babies.



As Hispanic mothers, we have a proud heritage of breastfeeding. Many of us breastfed our children, and want our grandchildren breastfed. We know that breast milk is the most nutritious food for babies. Sometimes, though, our children have to live differently. For example, they may have to go back to work or school after the baby is born. They may become unsure about the best way to feed their babies.

How Grandparents Can Help

Remember the cuarentena? Our grandmothers used to tell us to take 40 days to rest after the birth of a new baby. While new mothers do not need a full 40 days, special foods, or to avoid the outdoors, they still need plenty of help the first few weeks.

Here is how you can help:

- Help with housework and cooking to give mom and baby time alone to get to know each other.
- Help limit the number of visitors and visiting time.
- New moms do need plenty of rest and fluids!
- Change your grandchild's diapers. Bathe and dress him. Sing and talk. If you see your grandchild searching for mom's breast, sucking his fist, or making sucking noises, take him to mom for a feeding. Let only mom feed the baby!
- Some new mothers experience pain when they first breastfeed. They may become engorged, or the baby may not latch on correctly. A WIC breastfeeding counselor can help. And you can offer support and encouragement to stay with it!
- Look at your grandbaby's tiny fist and remember - that is about the same size as her stomach! Newborn babies will need to breastfeed often, every 1½ to 3 hours, around the clock.

Mom's early milk, called colostrum, is there from the beginning and is the only food her new baby needs.

Colostrum's special role is to help her newborn stay healthy. It is filled with important vitamins, minerals, proteins, and immunities. Between the third and fifth days after birth, mom will start to feel fullness in her breasts, indicating her milk has come in.

Do not give the baby water or formula in the first weeks.

Feeding the baby anything other than breast milk interferes with mom's milk production.

Let Her Know What a Proud Grandparent You Are

You know how valuable breastfeeding is for babies. So be sure to let your grandbaby's mom know you support her breastfeeding. When you do, you show your love and pride for your daughter or daughter-in-law for making such an important, healthy choice.

Your daughter or daughter-in-law has everything she needs to successfully breastfeed her baby. Be sure she gets her rest and lots of nutritious meals. You can reassure her that the baby is getting plenty of milk in a number of ways:

- Baby is interested in feeding every 1½ to 3 hours, around the clock.
- Baby wakes to feed.
- Mom can see or hear her baby swallowing.
- Baby appears satisfied and content after feeding.
- Mom's breast softens during the feeding.

Safe Food Sizes & Shapes for Babies

On this page
- Reducing choking risk when baby starts solids
- Which foods are the most risky?
- Food sizes and texture by baby's age
- Frequently Asked Questions
- Potential choking hazards for babies

While there is no way to completely eradicate the risk of choking during this exciting and challenging time, the human body is designed to protect itself. Babies have both reflexes and anatomical protections to reduce the risk of choking as they learn to eat a variety of food textures, shapes, and sizes.

Still, you can take steps to reduce the risk of choking by setting up a safe eating environment, learning what not to do when baby is eating, and carefully choosing which foods to serve. Keep in mind that these suggestions mitigate but do not eliminate the risk of choking. Reference our free First Foods® database to find out how to make your favorite foods safe for baby.

To learn more, see our video course on starting solids. You may also want to check out our guides on 25 Foods Never to Feed Baby and our popular First 100 Days meal plan.

Reducing choking risk when baby starts solids

Before identifying which foods and food sizes are most risky and how to modify those for baby, it's essential to understand the steps you can take to reduce baby's risk of choking regardless of what you serve.

- The primary way to reduce choking risk in infants, toddlers, and children is ensuring they are seated in a supported seat with full adult supervision while eating.[1,2]
- Allowing baby to self-feed rather than placing food in baby's mouth appears to reduce the risk of choking.[3]
- Building well-coordinated chewing skills will further decrease the risk of choking as a child grows. It's tempting to consider avoiding all chewable finger foods for baby in favor of serving purees, but research does not show an increased risk of choking for 6-12-month-old babies when starting solids with finger foods compared to purees when parents are advised on strategies to minimize choking risk.[4]
- Regardless of how they start solids, all babies should be introduced to finger foods by 9 months old. There appears to be a critical window where introducing chewable finger foods is essential to developing oral motor skills and preventing picky eating from developing as the child ages.[5]
- Chewing skills do not automatically appear as baby ages. To develop efficient and safe chewing skills, baby must gain exposure to and repetitive practice chewing a wide variety of food textures and sizes.[6,7,8,9]

Which foods are the most risky?

Introducing finger foods to baby between 6-9 months is important, but certain foods and food characteristics are riskier than others. You can reduce the risk dramatically by avoiding high-risk foods with little nutritional benefit (such as hard candy) and appropriately preparing high-risk foods that are nutritionally important. Preparing food for age appropriateness makes foods easier to self-feed, move around the mouth, and break down, which decreases the risk of choking.

What makes certain foods a choking hazard? In general, there are four characteristics of food that increase the risk of choking:

- Small
- Round
- Firm
- Slippery

The more small, round, hard, and slippery a food, the higher the choking risk. These foods are more likely to enter and get lodged in the breathing tube and be difficult to expel or cough out if swallowing fails.

Foods like seeds, whole nuts, baby carrots, apples, pomegranate arils, and grapes top the choking hazard lists—they are challenging to manage in the mouth and could slip into the airway, become lodged, and are challenging to expel without assistance. Any food could make its way into the breathing tube, especially when not fully chewed. However, most of the time, babies (and adults) can safely gag the food forward well before it gets into the breathing tube or cough those items back out if swallowing fails. However, small, round, firm, and slippery items that accidentally make their way into the airway can be more difficult to expel, leading to a true choking emergency.

To lower the choking risk, prepare food to negate the characteristics above. For example, blueberries (small, round, and potentially firm) can be smashed or quartered; raw vegetables (firm and potentially round) can be steamed and sliced lengthwise; and mango (slippery) can be rolled in ground coconut flakes to add texture.

Nervous about starting solids? Our Starting Solids Bundle has all the resources you will need to build confidence and create a safe eating environment for your baby. You can also download our free Infant Rescue Guide or Toddler Rescue Guide that will help you learn how to identify choking and understand which rescue maneuvers to use.

Food sizes and texture by baby's age

The size of a baby or child's windpipe is about that of a drinking straw in diameter.[10] Foods that could get stuck in a straw or form a sticky plug over it are choking risks. On rare occasions, foods smaller than this can enter the windpipe and cause significant discomfort and trouble breathing but are most likely to continue traveling further down, ending in the lungs.[11]

Food size safety varies with age, and even a couple of months can make a difference. Below is a guide to use but follow your gut: if baby is struggling with a certain food or the food makes you nervous, take it away and modify it further. Just remember, building well-coordinated chewing skills takes time and repetitive practice chewing a wide variety of food textures and sizes. Developing these skills will further decrease the risk of choking as a child grows.

Unsure how to cut or prepare a particular food? Look it up in our free First Foods® database. Size and shape recommendations remain consistent whether or not baby has teeth. Every baby develops chewing skills and coordination at their own rate—some babies need easy-to-hold or slightly mashed food a bit longer while others need more challenging foods a bit earlier to stay engaged.

When it comes to food texture, keep in mind that food is highly variable. Even when we look at one type of food, such as a pear, you'll find a ripe pear is a different texture than an under-ripe one, the inside of the pear will be softer and move differently than the skin, and the top of the pear may be a different texture and softness than the wide bottom part. Our goal is for baby to learn to chew and break down a wide variety of textures over time, not to modify all foods to be the same texture for baby.

Unsure of how to incorporate a wide variety of textures in your baby's diet? Check out our First 100 Days Plan for daily meal plans for starting solids.

6–8 months old

There is a bit of irony in food sizes for the youngest eaters: the bigger the piece of food, the safer it is from a choking perspective. Research shows the highest risk of choking comes when a person is _fed—_when food is placed in someone's mouth instead of self-fed.[12,13,14,15,16] So, the food must be large enough for baby to pick up and self-feed independently to provide the most protection against choking.

For this age group, opt for food that baby can independently pick up and hold. Baby should be able to hold a piece of food in their hand with some sticking out on the top and bottom of their fist. Stick or spear-shaped foods are generally the easiest for baby to pick up and self-feed, but this is not an essential shape. For example, a large, soft strawberry works just as well as a spear of roasted zucchini. In general, prepare food size to fit the following characteristics:

- Length and width of two adult fingers
- Large enough that it will stick out above and below baby's closed fist

As baby learns to chew, there are 3 main food textures that are safest:

- Foods that are soft and easily mashed by baby's tongue and palate and quickly broken down without coordinated chewing skills
- Foods that are slightly firmer but still start to break down into smaller pieces with a bit of sucking or gnawing
- Highly resistive foods—we also call these "unbreakable" foods—which baby can gnaw on but won't break off any chunks or big pieces.

Each of these textures advance baby's oral motor skills and increase their sensory tolerance for different textures in the mouth. Remember, the goal is to keep baby as safe as possible while also introducing them to various textures with gradually increasing complexity to help them build their oral-motor skills over the next several months.

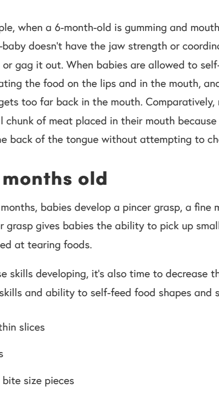
Babies at this age have reflexes that help them chew and break down food but an often overlooked skill required to eat is the ability to pull those broken down bits of food back together into a little ball or package to easily move back to the throat and swallowed. Most 6-month-olds babies are going to find that skill very challenging, but if we give them ample opportunity to practice by serving them soft, mashable finger foods, most babies will develop this skill by 8-10 months.

As baby starts solids, some 6-7-month-olds find soft, mashable foods most challenging because these foods quickly spread around the mouth as they mash or stick to the roof of the mouth. As the food spreads, it tends to lead to strong gags. This is where slightly firmer foods which start breaking down into smaller pieces with a bit of sucking or gnawing or highly resistive foods can also be great options right at first. They allow baby to increase their tolerance to texture and input in their mouth but still enables the control to pull these foods back out of their mouth without leaving mashed food behind.

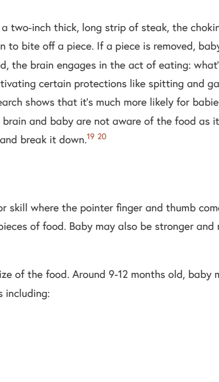
Keep in mind, these recommendations are the same whether or not baby has teeth.

For the past few decades, persisting even today, many people incorrectly recommend diced and chopped foods for young babies. Diced and chopped foods are too small for most 6-8-month-olds to self-feed; these foods require a pincer grasp (where the pointer finger and thumb come together) to successfully bring to the mouth. Babies can successfully pick up larger strips or chunks of food using an age-appropriate whole-hand (palmar) grasp.

With the smaller pieces, young babies tend to lose interest as they are too challenging to pick up. Additionally, young babies can have a harder time managing small pieces of food in their mouth; it is proposed that larger pieces of food in the mouth cause more brain neurons to fire, thus helping them learn how to safely manipulate food in the mouth.[17,18]



Maeve, 7 months, struggles to pick up small pieces of pear.



Maeve, 7 months, easily handles a slice of soft, ripe pear.

For example, when a 6-month-old is gumming and mouthing a two-inch thick, long strip of steak, the choking risk is minimal—baby doesn't have the jaw strength or coordination to bite off a piece. If a piece is removed, baby will most likely spit or gag it out. When babies are allowed to self-feed, the brain engages in the act of eating: what's in the hand, locating the food on the lips and in the mouth, and activating certain protections like spitting and gagging if the food gets too far back in the mouth. Comparatively, research shows that it's much more likely for babies to choke on a small chunk of meat placed in their mouth because the brain and baby are not aware of the food as it moves toward the back of the tongue without attempting to chew and break it down.[19,20]

9–12 months old

Around 9 months, babies develop a pincer grasp, a fine motor skill where the pointer finger and thumb come together. The pincer grasp gives babies the ability to pick up smaller pieces of food. Baby may also be stronger and more coordinated at tearing foods.

With these skills developing, it's also time to decrease the size of the food. Around 9-12 months old, baby may now have the skills and ability to self-feed food shapes and sizes including:

- Ruler-thin slices
- Shreds
- Small, bite size pieces

What does "bite size" mean?

To date, baby has been grasping bottles and food with the palms of the hand. Between 8 and 9 months of age, many babies start to connect the tips of the thumb and pointer finger. This is called the pincer grasp, and when you see signs of this development, it is a signal that you can move down in size by offering bite-sized pieces of food. By a "bite-sized piece" of food, we mean the shape should resemble the size of your thumb knuckle: small enough for baby to grasp with the pointer finger and thumb and fit in the mouth without biting into it, but not so small that it can easily block the airway if it is accidentally moved back whole and mis-swallowed. At this stage of life, a baby's airway is about the size of a chickpea or garden pea, so the piece should be a bit larger. And just remember, it's not only the fact your babe has developed the pincer grasp that makes them ready for this next stage of solids. You may want to consider their exposure and experience with chewable foods when thinking about their ability to effectively manage this size.

At this age, most babies can handle foods which are soft and easily mashed by the tongue, palate, and gums. The safest options are soft foods or foods which are cooked to a soft consistency.

Babies at this age commonly over-stuff their mouths as they get more confidence in self-feeding. If this happens, continue offering bigger pieces of food (larger than could fit in their mouth at once) to help babies learn how to take a bite, learn about their mouth's borders, and draw a "mental map" of what fits and what doesn't.

Another common occurrence at this age is swallowing smaller pieces of food whole. If this happens, continue offering bigger pieces of food to help practice and build chewing skills. Babies also learn by watching. Model and show exaggerating chewing while you eat alongside baby.

12–18 months old

At 12 months old, a toddler can likely chew a wide variety of textures and sizes if they have been practicing chewing solid foods for a few months. At this age, a toddler can likely eat what you eat with few modifications. Serve foods:

- Cut into small pieces (perfect for utensil practice!)
- Soft and large so the child has to take bites, such as a whole ripe banana
- Sliced or shredded
- Cook resistive foods requiring a lot of chewing until soft or serve in ruler-thin slices, shreds, or diced
- Cook meat and fish well done

Toddlers may continue spitting out some foods that aren't chewed well—this is normal. If this happens, offer stick or spear-shaped foods to help the child further "map" the mouth and develop more chewing strength.

18–24 months old

If a toddler has been steadily eating a variety of textures and working with foods of challenging shapes and sizes, they should be a reasonably advanced eater by 18 months.

However, it is still important to modify high-risk foods that are round, firm, and slippery (see list below). It is equally important to keep food at the table, as choking risk increases (with all food) when children are moving around or talking/laughing/singing while eating.

At this age, many toddlers will be adept at using a spoon and fork by themselves. Some toddlers may still need some practice and benefit from pre-loaded spoons and forks to practice scooping and spearing foods. Even those who are capable of self-feeding with utensils will likely revert to finger feeding as a meal progresses or at the end of a long day.

Need a visual with real food and real babies? Check out our video on food preparation and safety.

Frequently Asked Questions

What if baby bites smaller pieces off of a larger strip?

This is a common question from many families.

1. If the food is soft enough that a baby can tear a piece off with their gums, it is likely soft enough for them to mash in their mouth, similarly to how they would mash any other food.
2. When a baby actively takes a bite of a food item, the brain gets the message: "Hey, I'm supposed to chew this." Deep, brainstem reflexes are triggered, and baby will most likely engage motor patterns to move the food around in the mouth.
3. Babies tend to bite with their front teeth, and the side-to-side movements of the tongue are just starting to move food effectively. So, a piece of food in the front and center of the mouth is most likely to stimulate the dominant, and well-known tongue thrust pattern, which spits the food out.
4. The swallow is a *reflex*, so even if the food isn't well chewed and it moves towards the back of the mouth, the brain will tell the baby to swallow it—even whole—which is *not* choking. The pharynx and esophagus (parts that make up the food tube) are elastic, and immediately start pushing food down towards the stomach, squeezing from the top down while digestive enzymes help to soften everything.
5. If baby bites off a piece of food that makes you nervous, kneel next to the baby so they look down at you, demonstrate sticking out your tongue, and place your hand in front of their mouth. Take a deep breath, and trust that baby knows what to do. Do not place your fingers inside baby's mouth. In the future, further modify this food if you feel uncomfortable.

What if baby breaks a larger strip of food into smaller pieces? Is it safe to leave those pieces on the tray/table?

Yes. The main tenet of safe feeding and swallowing is self-feeding. If a baby has the skill to pick up a small piece of food (i.e., pincer grasp), it is safe for them to feed it to themselves. Most young babies who break food apart do not have this skill and will struggle to pick up small pieces of food, which means they are not able to bring these smaller pieces to their mouth. If baby can break apart the food, it is likely soft enough for the gums to munch as well. If you are ever nervous or worried, remove those pieces of food from the tray.

What if my baby has a lot of teeth?

Regardless of how many teeth your baby has, the recommendations for ways in which to serve the food would remain the same. The gums are quite powerful, and do the bulk of the work for breaking down food (believe it or not the real "chewing teeth" are the molars, that don't pop until after a year). Although a baby who has teeth early may be more successful in biting off pieces of finger food, there is no increased risk of choking in this population, despite the fact that it may feel more scary. The same protective mechanisms exist--tongue thrusting movement, the gag, closure of the airway, and the swallowing reflex. Babies will break off a too-big piece of food. Often. For many, many months, no matter how many teeth they have. So what to do when it happens: First, try not to intervene and to let your baby work the food forward on their own. Most babies will spit or gag it forward. You might also consider focusing on some bigger, harder long sticks of food like corn on the cob, chicken drumstick, ribs, mango pits etc to work oral development.

Your baby is likely to bite off a piece. We trust that your baby is already innately equipped with all of the skills needed to manage this: the gagging reflex is there in case your baby tries to swallow too big of a piece (and is part of the learning process), your baby may also thrust a too-big piece out of their mouth with their tongue, and/or your baby may have the chewing reflex triggered or have sucked on it enough before breaking a piece off that they are able to manage it and swallow it effectively. All of this is so important for your baby to learn, and by honing in on these skills at a young age, you are really maximizing their safety for once you transition down to smaller pieces (around 9 months old).

Lastly, you can coach your baby to spit food out, which is a great skill for them to have, though often won't be mirrored until closer to 9 months. See this video: What to do when your baby has too much food in their mouth. Our Starting Solids Video Course also dives into gagging and choking further.

What if my baby has no teeth or fewer teeth than other babies their age?

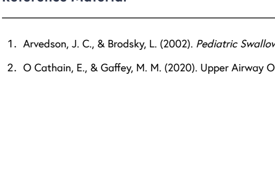
It is a misconception that babies need teeth to eat. Interestingly, the teeth that we actually use to chew (our molars) don't come in until well after the first birthday. Babies can munch and grind food with their gums. It's really more about the skill level that has been developed up until that point. If you are concerned about your baby's chewing ability, you could focus on working on more skill development to improve this skill. See our page on How babies learn to chew.

Potential choking hazards for babies

While more than 50% of choking incidents in young children do not involve food, here is a list of some potential choking hazards. As always, reference our free First Foods® database for age-appropriate serving suggestions.

- **Apple**: cook until very soft, mash, or slice into thin slices
- **Blueberries**: flatten between your fingers
- **Carrots**: cook until very soft and mash or slice lengthwise, grate raw carrot
- **Celery**: slice into half-moons and cook until soft
- **Cheese**: cut into thin slices
- **Cherries**: pit and quarter lengthwise once pincer grasp develops
- **Chickpeas**: smash or purée
- **Corn**: avoid loose kernel corn and serve on the cob instead
- **Dried fruit**: avoid
- **Fish**: de-bone thoroughly
- **Grapes**: quarter lengthwise once pincer grasp develops
- **Melon**: cut into thin slices (never melon balls or cubes) or offer just rind with thin layer of flesh
- **Peanuts**: finely grind and mix into other foods, spread peanut butter thin on other foods
- **Peas**: smash, mash, mix into a binding food like yogurt or mashed potatoes, smash once pincer grasp develops
- **Pear**: choose a very ripe pear or if it's firm, cook until soft or serve in thin slices
- **Nuts and seeds**: finely grind and mix into other foods
- **Nut butters**: spread thin on other items or thin out with yogurt, applesauce, breast milk, or formula
- **Oranges**, tangerines, mandarins: supreme to remove membrane (watch video)
- **Rice, barley, and grains**: cook well, mix into a binding food like yogurt, allow to self-feed
- **Sausage**: quarter lengthwise
- **Shrimp**: cut lengthwise into quarters
- **Strawberries**: offer whole, very large, very soft berries that pass the squish test. To check if the berry is soft enough, press it between your fingers and make sure it gives under slight pressure. If you have to press hard for it to give, it is too firm. Smash or slice small, round strawberries
- **Tomatoes** (cherry and grape): quarter lengthwise, wait for pincer grasp to develop

Need a guide? We've got you covered.



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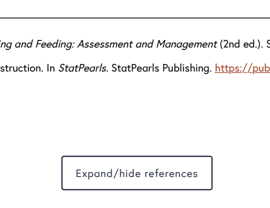

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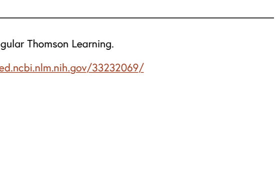

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