

# STARTING SOLIDS

## *Simplified.*

A block-by-block system to feed your baby with total confidence, built on peer-reviewed research, not trends.



Reviewed by  
Pediatric Nutritionist  
BOARD CERTIFIED PEDIATRICIAN



### THE 5 ESSENTIAL FOOD GROUPS



● PROTEINS



● VEGETABLES



● COMPLEX CARBS



● HEALTHY FATS



● FRUITS



Balanced  
baby meals



Safe allergen  
introduction



Reducing  
picky eating



Healthy habits  
from day one

WHO · 2023

## 6 months

The age at which complementary foods must begin: when breast milk alone can no longer meet energy needs.

LEAP STUDY · NEJM 2015

## 80 %

Reduction in peanut allergy risk when peanut was introduced early in high-risk infants.

NUTRIENTS JOURNAL · 2022

## 4-6 months

The optimal window for allergen introduction. Waiting until 12 months can increase, not decrease, allergy risk.

Medical disclaimer.

This information is for educational purposes only and is not a substitute for medical advice.

Parents should consult their pediatrician, family physician, or nurse practitioner regarding their child's specific needs.

# IS YOUR BABY *ready?*

Age alone does not determine readiness. The WHO and AAP recommend starting around 6 months, but your baby must show all three developmental signs before the first spoon. Starting too early or too late both carry risks.

## REQUIRED

### SITS WITH SUPPORT

Holds head steady and upright with minimal support.  
Cannot manage food safely without this.



## REQUIRED

### TONGUE-THRUST REFLEX DIMINISHED

Reflex has significantly diminished; baby no longer pushes out most food. Full disappearance is not required, but strong tongue thrust suggests waiting 1–2 more weeks.



## REQUIRED

### INTEREST IN FOOD

Watches others eat, reaches toward food, opens mouth when food approaches. Hunger and curiosity are both present.



## SUPPORTING SIGN

### HAND-TO-MOUTH COORDINATION

Brings objects to mouth with intention. A strong supporting sign, especially relevant for BLW families.



## ⚠️ All three required signs must be present.

One or two is not enough. A baby who sits well but still has a strong tongue-thrust reflex is not ready. Food will be pushed out and the experience may create resistance.

## WAIT IF YOU SEE THESE

- ✗ Cannot hold head steady without full support
- ✗ Strongly pushes food out with tongue (reflex still present)
- ✗ No interest in food: turns away, stays disengaged
- ✗ Under 4 months: digestive system not yet ready for solids

## When in doubt, wait one more week and reassess.

Starting at 6.5 or 7 months is perfectly fine. The window for safe introduction is wide. What matters is that your baby is developmentally ready, not that you start on a specific date.

SOURCES: WHO COMPLEMENTARY FEEDING GUIDELINES 2023 • AAP POLICY STATEMENT • CPS POSITION STATEMENT ON INFANT NUTRITION

# STARTING SOLIDS

## *by Blocks.*

Each day you introduce one new food from each block, one ingredient at a time. By end of Week 1 your baby has experienced all five building blocks. Every week you rotate new ingredients within each block, building variety, balance and a genuine love of real food.

Once your baby has tolerated a food, you can start mixing it with other foods they've already tried.



### ● PROTEINS

Brain & muscle development. Iron-rich proteins are a priority from day one. Iron stores from birth deplete at 6 months.



### ● VEGETABLES

Savory-first strategy. Bitter vegetables introduced early are accepted more readily. The window closes fast.



### ● COMPLEX CARBS

Sustained brain fuel. Steady energy without spikes. Gut diversity from varied complex carbohydrates.



### ● HEALTHY FATS

60% of the brain is fat. DHA and omega-3s are essential for neural development. This block is non-negotiable.



### ● FRUITS

Natural sweetness, introduced after vegetables. Never instead of them. Vitamins, fiber, antioxidants.

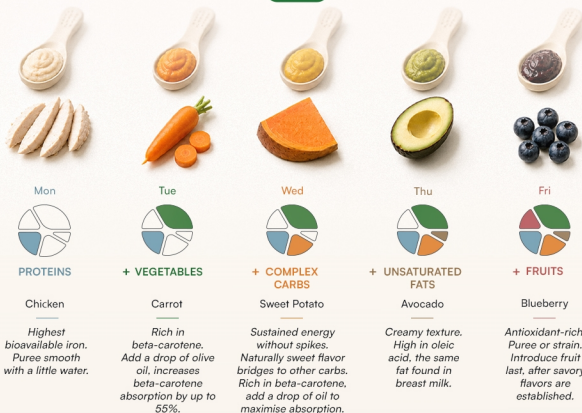
**The single-ingredient rule:** Every PurEats product contains one main ingredient. Your baby learns what real food actually tastes like, and if a reaction occurs, you know exactly which food caused it. Breast milk or formula remains the primary nutrition source until 12 months.

**Why we add oil to select products:** Carrots, sweet potato, butternut squash, and broccoli contain fat-soluble nutrients like beta-carotene that your baby cannot absorb without dietary fat. We add a small touch of oil to these products only. A 2023 peer-reviewed trial published in the American Journal of Clinical Nutrition found that adding fat increased total carotenoid absorption by up to 55%.

SOURCE: AMERICAN JOURNAL OF CLINICAL NUTRITION, 2023, DOI: 10.1016/J.AJCNUT.2023.03.011 [↗](#)

# BUILDING *the plate.*

## WEEK 1



## Goal of the week

By end of Week 1, your baby has experienced all 5 food blocks, one new ingredient per day, Mon to Fri. No mixing. No blending. One at a time so you always know what they tasted.

1x per day • same time • 1 to 2 teaspoons to start  
Breast milk / formula remains main nutrition.

### Next week

WEEK 2: Beef + Cauliflower + White Potato + Peanut (first allergen) + Strawberry

Sat & Sun



## Why iron-rich protein comes first:

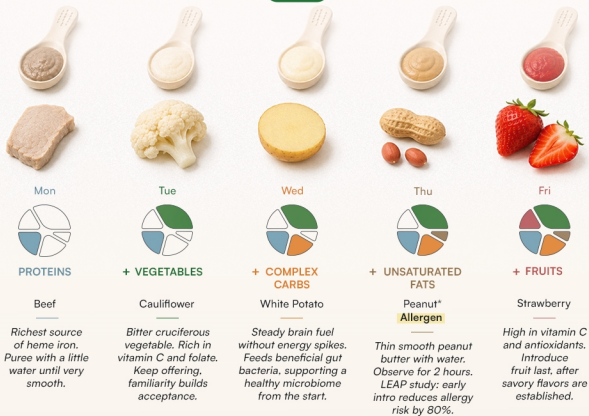
Iron stores your baby was born with start depleting around 6 months.

Meat provides heme iron, the most bioavailable form. Plant-based iron absorbs better when paired with vitamin C (e.g. broccoli + a squeeze of orange).

SOURCE: AAP COMMITTEE ON NUTRITION • PEDIATRICS, 2010

# EXPANDING variety.

## WEEK 2



### Goal of the week

By end of Week 2, your baby has expanded all 5 blocks with new ingredients and had their first allergen (peanut) introduction. One ingredient at a time so any reaction is traceable.

1x per day • same time

Breast milk / formula remains main nutrition.

#### Next week

WEEK 3: Egg (allergen) + Broccoli + Butternut Squash + Avocado + Banana

Remember: Continue offering previously introduced allergens 2—3 times per week to help maintain tolerance.

### The allergen introduction evidence is clear:

The LEAP trial (Du Toit et al., NEJM 2015) found that early peanut introduction reduced peanut allergy by 80% in high-risk infants. Current AAP guidelines recommend introducing allergens at 4 to 6 months. Waiting until 12 months can increase, not decrease, the risk.

SOURCE: DU TOIT ET AL. NEJM 2015 • AAP GUIDELINES 2021 • TROGEN ET AL. NUTRIENTS 2022 (PMID: 35807745) 

# ALLERGENS & new textures.

## WEEK 3



## Goal of the week

By end of Week 3, baby has tried egg, a critical allergen, and expanded all 5 blocks with new ingredients. Begin progressing from completely smooth to slightly thicker texture.

1x per day • same time

Breast milk / formula remains main nutrition.

### Next week

WEEK 4: Salmon (**allergen**) + Zucchini + Millet + Egg Yolk + Raspberry

Remember: Continue offering previously introduced allergens 2—3 times per week to help maintain tolerance.

Sat & Sun



## Texture progression has a window too:

A landmark study found that babies who remained on smooth purées past 9 to 10 months were significantly more likely to be picky eaters at age 7.

The optimal window for texture introduction, lumpier, mashed, and soft finger foods, is 7 to 9 months.

SOURCE: COULTHARD ET AL. MATERNAL & CHILD NUTRITION • 2009

# FISH, OMEGA-3 & textures.

## WEEK 4



## Goal of the week

By end of Week 4, your baby has introduced salmon, the DHA omega-3 powerhouse, and is experiencing all 5 blocks with increasing texture variety. The plate is becoming a real meal.

1x per day • same time • Begin moving toward  
2x per day from Week 5 onwards.  
Breast milk / formula remains main nutrition.

### Continuing

WEEK 5+: Dairy, wheat, tree nuts  
+ texture progression to mashed and soft pieces

Remember: Continue offering previously introduced allergens 2–3 times per week to help maintain tolerance.

Sat & Sun



"The system does the thinking. You do the feeding."

Join the Waitlist

START TRACKING NOW • PUREAPP IS FREE • [PUREATS.APP](https://pureats.app)

FOLLOW US FOR WEEKLY TIPS  [PUREATS\\_ORGANICS](https://www.instagram.com/pureats_organics)

# THE BIG 9 allergens.

Current evidence strongly supports early, repeated introduction, not avoidance. Introduce one at a time. Wait 3 to 5 days before introducing the next. The PurEats one-ingredient rule is your built-in safety system, you always know exactly what you gave.

## OPTIMAL WINDOW

### 4–6 months

Highest benefit for most allergens. The immune system is most receptive during this period. If your baby has eczema or an existing food allergy, consult your pediatrician before starting at home.

## THE GOLDEN RULE

### One at a time

3 to 5 days between each new allergen. Single ingredients only, so you always know what caused a reaction.

## AFTER INTRODUCTION

### Keep offering

Introduction alone isn't enough. Regular ongoing consumption maintains tolerance. Offer each allergen 2 to 3 times per week.



#### PEANUT

Smooth peanut butter thinned with water. LEAP study: 80% risk reduction with early intro.

INTRODUCE: 4–6 MONTHS



#### SHELLFISH

Shrimp or crab puréed finely. Separate allergen from fish. Own 3 to 5 day window.

INTRODUCE: 6+ MONTHS



#### DAIRY

Full-fat plain yogurt or soft cheese. Not cow's milk as a drink until 12 months.

INTRODUCE: 6 MONTHS



#### SOY

Soft tofu or soy yogurt. Useful plant protein alternative.

INTRODUCE: 6 MONTHS



#### EGG

Well-cooked egg yolk first. One of the most important allergens to introduce early.

INTRODUCE: 4–6 MONTHS



#### WHEAT / GLUTEN

Soft bread or pasta purée. Introduce while breastfeeding where possible.

INTRODUCE: 6 MONTHS



#### TREE NUTS

Almond or cashew butter thinned with water. One nut type at a time.

INTRODUCE: 6 MONTHS



#### SESAME

Tahini mixed into a familiar purée. Added to the Big 9 in 2023.

INTRODUCE: 6 MONTHS



#### FISH

Salmon or white fish purée. Rich in DHA omega-3. Introduce separately from shellfish.

INTRODUCE: 6 MONTHS



### Know the signs before you start.

Watch for: rash or hives, vomiting, swelling of lips or tongue, difficulty breathing. Mild reaction, call your doctor. Severe reaction, call 911 immediately. If your baby has severe eczema or an existing food allergy, consult your pediatrician before beginning allergen introduction at home.



#### Mild reaction signs

- Hives or rash around mouth
  - Mild vomiting or spitting up
  - Runny nose or watery eyes
  - Mild redness of skin
- Stop feeding. Call your pediatrician.



#### Severe reaction, call 911

- Swelling of lips, tongue, or throat
  - Difficulty breathing or wheezing
  - Sudden severe vomiting
  - Loss of consciousness or limpness
- Call 911 immediately. Do not wait.

### Coming from PurEats: The Allergen Introduction Kit

Introducing allergens at home is the right approach. But precise portioning is hard. Too little may not build tolerance. Too much creates unnecessary risk.

PurEats is developing a freeze-dried allergen introduction kit, each of the Big 9, individually packaged, precisely portioned for each introduction dose. No powder. Real food, freeze-dried to preserve nutrients, portioned so you know exactly how much your baby receives every time.

Join the founding waitlist to be first → [pureatsorganics.com](https://pureatsorganics.com)

# REDUCING *picky eating.*

Picky eating is rarely about taste, it's about familiarity. The first year is the widest window of food acceptance your child will ever have. The block system is designed to use it fully.

## 1. VEGETABLES BEFORE FRUIT, ALWAYS



Babies introduced to savory flavors first accept a broader range throughout childhood. Sweet foods after, never instead. An additional benefit: eating vegetables before carbohydrates slows digestion and reduces blood sugar spikes. A habit worth building for the whole family from day one.

FORESTELL & MENNELLA - PEDIATRICS - 2007

RAPSON ET AL. - TRIALS - 2021

## 2. OFFER 8 TO 10 TIMES BEFORE GIVING UP



Research shows 8 to 10 repeated exposures increases vegetable acceptance in infants and toddlers. A rejection is unfamiliarity, not dislike. Keep going.

SPILL ET AL. - AMERICAN JOURNAL  
OF CLINICAL NUTRITION - 2019 (PMID: 30982874)

FISHER ET AL. - USDA NUTRITION  
EVIDENCE SYSTEMATIC REVIEW - 2024

## 3. ROTATE WIDELY, EVERY SINGLE WEEK

Dietary diversity during early infancy increases gut microbial diversity. Aim for 5+ food groups daily between 6 and 12 months of age.



DIETARY DIVERSITY DURING EARLY  
INFANCY INCREASES MICROBIAL DIVERSITY — PUBMED, 2022

## 4. SINGLE INGREDIENTS TEACH REAL FLAVOR

Mixed pouches create a flavor fog, individual foods cannot be learned or recognized. Single ingredients build a genuine palate from the start.



## 5. PROGRESS TEXTURES BEFORE 9 MONTHS



Babies who remain on smooth purées past 9 to 10 months are significantly more likely to be picky eaters at age 7. A critical window for lumpy foods exists at 8 to 10 months. Move through textures on schedule, not by convenience.

COULTHARD ET AL. - MATERNAL & CHILD NUTRITION - 2009

## 6. EAT TOGETHER, FROM DAY ONE

Babies learn by watching from the very first spoon. Eating together signals that food is social, safe, and normal. Research shows family mealtimes support food acceptance, language development, and responsive feeding. Benefits that compound over the entire first year.



WEBBER ET AL. - MATERNAL & CHILD NUTRITION - 2021

# DO'S & don'ts.

Small, consistent decisions in Year 1 create lifelong patterns.  
Here is the shortlist that matters most, and the science behind each.

## ✓ Do This



### ROTATE ALL 5 BLOCKS EVERY WEEK

Variety over 7 days beats a "perfect" plate twice a week. Broad rotation builds gut microbiome diversity, linked directly to long-term health outcomes.



### ROUTINE + RESPONSIVE FEEDING

Structure and responsiveness work together. Offer breakfast, lunch, and dinner at consistent times every day, routine builds expectation and reduces mealtime resistance. Within that structure, follow your baby's hunger and fullness cues. Never force.



### ADD HERBS AND MILD SPICES FROM 6 MONTHS

Garlic, cumin, coriander, basil, all appropriate. Flavor complexity now leads to broader acceptance later. This is supported by sensory flavor research.



### KEEP A SIMPLE FOOD DIARY

Track what was introduced and when. Essential for identifying reactions and seeing variety gaps. Use PureApp to make this effortless.



### INTRODUCE SIPS OF WATER WITH MEALS FROM 6 MONTHS

Small amounts of water with solid meals is recommended from the start of complementary feeding. Not juice. Not sweetened drinks. Just water.

## ✗ Avoid This



### NO HONEY BEFORE 12 MONTHS

Honey can contain *Clostridium botulinum* spores, dangerous to infants whose guts cannot resist them yet. No exceptions.



### NO JUICE OR SWEETENED DRINKS

Even 100% fruit juice displaces milk and solid calories with empty sugar. This is the AAP recommendation.

0–12 months Breast milk or formula only, no cow's milk as a drink.

12–24 months Whole cow's milk + water only, full fat supports brain development.



### NO ADDED SUGAR OR SALT BEFORE 12 MONTHS

Baby kidneys cannot process salt. Added sugar sets sweet-preference baselines that are very hard to reverse. Check every label, many so-called "healthy" baby products contain both.



### NO SCREENS DURING MEALTIMES

Distracted feeding prevents babies from learning their own hunger and fullness signals, a regulatory skill they need for their entire life.



### NO KEEPING BABY ON SMOOTH PURÉES PAST 9 MONTHS

Texture progression has a critical window. Missing it significantly increases picky eating risk at age 7. Move through textures intentionally, not by convenience.

**The oil tip most parents don't know:** Adding a small amount of oil to vegetable purées (avocado oil, olive oil) can increase absorption of beta-carotene by **up to 55% with olive oil and over 200% when the oil is emulsified**, as it naturally is in a purée. It also boosts 7 other fat-soluble nutrients including alpha-carotene, lutein, lycopene, vitamins E, K, and A.

This is why **PurEats adds a touch of oil** to select products, not as a filler, but as a scientifically supported nutritional decision.

SOURCES: AM. J. CLIN. NUTR. (2023); JOURNAL OF NUTRITION (2005); IOWA STATE UNIVERSITY / AM. J. CLIN. NUTR. (2017) [↗](#)

# VITAMIN D

## matters.

Breast milk provides excellent nutrition for infants, but it typically does not provide enough vitamin D to meet an infant's needs. For this reason, both the **American Academy of Pediatrics (AAP)** and **Canadian health authorities** recommend vitamin D supplementation for breastfed infants.



### The universal recommendation

Both the American Academy of Pediatrics and the Canadian Paediatric Society recommend 400 IU of vitamin D3 daily for all breastfed infants, starting within the first few days of life. Formula-fed babies who consume at least 1L per day do not need additional supplementation. Formula is already fortified. Unless otherwise advised by their healthcare provider.



#### BONE HEALTH

##### Calcium absorption

*Vitamin D is required to absorb calcium. Without it, bones and teeth cannot mineralise properly, even if calcium intake is adequate.*



#### IMMUNE SYSTEM

##### Immune regulation

*Vitamin D receptors are present on nearly every immune cell. Vitamin D plays a role in normal immune function.*



#### BRAIN DEVELOPMENT

##### Neurological role

*Vitamin D supports normal growth and bone development during infancy.*



#### CANADA SPECIFIC

##### Northern latitude

*In many parts of Canada, especially northern regions, sunlight may not provide enough vitamin D during winter months.*

### WHO NEEDS TO SUPPLEMENT

- **All breastfed infants:** breast milk provides approximately 20–40 IU/L. A baby drinking 750 mL receives roughly 15–30 IU. The gap to 400 IU must be filled with a supplement. Breastfed infants should receive a daily vitamin D supplement of 400 IU.
- **Partially breastfed infants:** if formula intake is under 1L per day, supplementation is still recommended to reach the 400 IU threshold.
- **Formula-fed infants drinking 1L+ daily:** formula is already fortified with vitamin D. No additional supplement needed in most cases.

### HOW MUCH & HOW LONG



Birth to 12 months

**400 IU / day**

AAP & CPS recommendation. Start within first days of life.



After 12 months

Discuss ongoing vitamin D needs with your healthcare provider after 12 months.



#### PRACTICAL TIP

Many infant vitamin D products provide 400 IU per serving. Follow the administration the product label and your healthcare provider's instructions.



#### NOTE FOR CANADA

Certain infants living in northern or remote communities may be advised by their healthcare provider to receive higher vitamin D supplementation.

SOURCES: AAP VITAMIN D GUIDELINE, WAGNER CL, GREER FR: AMERICAN ACADEMY OF PEDIATRICS SECTION ON BREASTFEEDING AND COMMITTEE ON NUTRITION. "PREVENTION OF RICKETS AND VITAMIN D DEFICIENCY IN INFANTS, CHILDREN, AND ADOLESCENTS." PEDIATRICS. 2008. [\[1\]](#)



PUREATS ORGANICS • FOUNDED WAITLIST

# THE NEXT STEP

## *starts here.*

You're not just starting solids.  
You're building lifelong eating habits.

### BUILT ON EVIDENCE

Every recommendation in this guide is built on the same research shared in clinical practice. **Not trends. Peer-reviewed science**, simplified for real family life.

### THE COMPLETE SYSTEM

Four products. One ecosystem.  
Designed to work together, from first spoon to family table.



#### Single-Ingredient Organic Foods

One ingredient.  
One flavor.  
One reaction at a time.



#### Allergen Introduction Kit

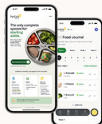
Evidence-based allergen introduction.



#### PurEats Nutrition Plate

Built around the five essential food groups.

Reserve for \$7.99



#### PurEats App + Nora AI Guide

Tracking.  
Planning.  
Guidance.

"Because starting solids shouldn't feel like a full-time job."

Join the Waitlist

START TRACKING NOW • PUREAPP IS FREE  
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