

GETTING IT RIGHT FROM THE START



Improving outcomes in infant food allergy

Managing newly-diagnosed infants with cow's milk allergy

Answers provided by Rachel Wood (Specialist Paediatric Dietitian in Allergy and Gastroenterology, Manchester) during the Q&A session of the webinar held on 9th July 2020.

1. Do you recommend iodine and vitamin D supplements for mum (if exclusively breast feeding (EBF)) or baby (if bottle-feeding)?

- Children with cow's milk protein allergy (CMPA) may be at higher risk of iodine deficiency, (as dairy products are a major source of iodine in the UK diet) and this should be reflected in dietary advice:
 - Optimise maternal exclusion diets for iodine intake and seek advice from a dietitian.
 - Check levels of iodine in hypoallergenic formula and the amount of formula consumed. According to Public Health England the iodine requirement for a 1-3-year-old infant is 70µg/day and 100µg/day for children aged 4-6 years¹.
- For infants drinking more than 500ml of formula per day, no vitamin D supplementation is required.
- Public Health England recommends a vitamin D intake of 8.5–10µg/day for exclusively or partially breastfed infants under 1 year of age, and 10µg/day for children aged 1-4 years and women who are breast-feeding¹.

2. What is the recommended age for weaning? If multiple food allergies are suspected would you refer the infant for skin prick tests prior to weaning?

- In general, earlier introduction of allergenic foods is better than delayed exposure.
- Current guidance recommends introducing all different food groups in an age appropriate manner from 6 months of age.
- Organisations such as the British Society for Allergy & Clinical Immunology (BSACI) suggest introducing higher-risk food groups in infants with higher risk of allergy (e.g. those with eczema) from 4 months of age; however there is considerable debate around this and appropriate expert advice from a dietitian should be sought.
- For infants with suspected multiple food allergies, possibly consider introducing higher-risk foods more

slowly and in smaller amounts – although it is still recommended to include these foods in the weaning process.

- For these infants, a detailed allergy-focused history is vital to determine the reason for the suspicion of multiple food allergies.
- Do not avoid introducing foods on the grounds of suspected allergy; consider skin prick testing for foods where the infant is known to have had a reaction after exposure.

3. Would you recommend stepping up from extensively hydrolysed formula (EHF) to amino acid formula (AAF) if the child's symptoms are not completely resolved?

- Usually the recommendation is to keep using the EHF for 4–6 weeks to allow symptoms to resolve and any gut inflammation to settle down.
- If symptoms continue, then the treatment can be stepped up to AAF.
- 90% of infants will respond well to EHF; the other 10% may require stepping up to AAF.

4. What protocol do you recommend in stepping down from AAF to EHF?

- This will depend very much on the individual patient and their symptoms.
- The process will begin by examining the patient's symptoms and bringing them into clinic for an allergen challenge test to determine if they are ready to make the move back to EHF. If there are no symptoms, then the process can be initiated.
- The move back should be made gradually by titrating EHF back into the feed over a period of 4-6 weeks.
- An important part of stepping down to EHF is parent education about the benefits of using EHF related to aiding acquisition of tolerance and faster return to cow's milk.

This content solely reflects the views of the author with arrangements made in accordance with the BSNA Infant Nutrition Industry Code of Practice. Mead Johnson Pediatric Nutrition Institute has funded and supported the development of this series of meetings. **IMPORTANT NOTICE: Breastfeeding is the best nutrition for babies.**

References

1. Government Dietary Recommendations 2016. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/618167/government_dietary_recommendations.pdf (accessed December 2020)