Preventing food allergy in your baby: A summary for parents

Current advice from the UK health departments for healthy babies is:

- Exclusive breastfeeding for around the first 6 months of life.
- From around 6 months of age (but not before 4 months), introduce complementary foods (solids) – including foods known to cause food allergies – alongside continued breastfeeding.
- When your baby is ready, at around 6 months of age, you can start to feed them complementary foods (solids) – usually as pureed foods. Start by offering small amounts of vegetables, fruit, starchy foods, protein, pasteurised dairy. Never add salt or sugar - they don't need it.
- In addition to fruit and vegetables, include foods that are part of your family's normal diet which are commonly associated with food allergies. If this includes egg and peanut, aim to introduce these by one year of age, and continue to feed these to your baby as part of their usual diet.

Your baby is at higher risk of food allergy if they have:

- Eczema (especially if eczema is very bad) OR
- Already has a food allergy

Your baby may be at a higher risk of food allergy*, and may benefit from starting egg and/or peanut earlier, alongside other solids.

The benefits of allergy testing in higher risk babies before introducing egg or peanut need to be balanced against the risk this could cause a delay (due to lack of available testing) and increase the risk of food allergy.

Some babies will already have food allergies, especially those with severe eczema, severe breath symptoms (anaphylaxis) (in less than 2% per 1,000 in these babies). Speak to your healthcare professional before introducing egg and peanut if your baby has severe eczema.

DO NOT FEED YOUR BABY SOMETHING THEY ARE ALLERGIC TO

Monitor for any symptoms of an allergic reaction:

Immediate-type food allergy

Typically happen within 30 minutes of eating the food:

- Mild/moderate symptoms:
  - Swollen lips, face or eyes
  - Richy skin rash e.g. "hives", urticaria
  - Abdominal pain, vomiting
- The following severe symptoms are rare:
  - Swollen tongue, persistent cough, hoarse cry
  - Difficulty or noisy breathing
  - Pale or floppy, unresponsive/unconscious

Delayed-type food allergy

Symptoms occur hours after the food trigger:

- Gut symptoms:
  - Recurrent abdominal pain, worsening vomiting/reflux
  - Food refusal or aversion
  - Loose/frequent stools (more than 6-8 times per day)
  - Constipation/effective stools (2 or less per week)
- Skin symptoms:
  - Skin reddening or itch over body
  - Worsening eczema

If your baby has any severe symptoms (anaphylaxis), immediately dial 999 for help.

- Allergic or intolerant to cow's milk
- If milk moderates symptoms are not dangerous. Dial 111 for advice, if needed.
- Avoid the causative food, do NOT reintroduce.
- Speak to your GP to discuss review by a specialist paediatric/allergy team.
- NICE recommends any baby with multiple food allergies or severe symptoms (anaphylaxis) should be referred to a hospital team.
- Stop the suspected food, symptoms should resolve after a few days.
- If symptoms are not severe, you can try giving the food again 1-2 weeks later.
- If symptoms recur or are severe, or your child is not growing, then see your GP
- NICE recommends that babies with any of the following should be referred to a specialist clinic:
  - Failure to thrive
  - Reflux or gut symptoms resistant to treatment
  - Food refusal
  - Eczema and this worsens with specific foods.

Babies at a higher risk of food allergy include:

- Some in your home (not the baby) has a food allergy
- All other babies

If your baby has more severe eczema (e.g. needs daily steroid creams), discuss with your health visitor or GP when to start feeding your baby foods containing egg or peanut. These babies are more likely to have reactions, but can also benefit more where the food doesn’t cause a reaction.

Pregnant women should not eat more than two portions of oily fish a week. Unless otherwise advised by a healthcare professional, your baby will continue to be breastfed for around the first 6 months of life.

Breastfeeding alone does not prevent allergies, but has many other important benefits to the mother and child. Breastfeeding should continue throughout the first year of life.

If you have any concerns about your baby’s food allergy, speak to your GP.

Preventing food allergy in your baby: information for parents

The Scientific Advisory Committee on Nutrition (SACN) and the Committee on Toxicity (Food Standards Agency) have published a joint report to advise the UK Government health departments on advice regarding feeding your baby in the first year of life.

This leaflet provides advice to families on preventing food allergies in babies at higher risk of food allergy. It has been developed by the Food Allergy Specialist Group of the British Dietetic Association (BDA) and Paediatric Allergy Group of the British Society for Allergy & Clinical Immunology (BSACI), and complements an information sheet for GPs and other healthcare professionals available at www.bsaci.org/about/early-feeding-guidance or www.bda.co.uk/regionsgroups/groups/foodallergy/allergy_prevention_guidance

Young children at a higher risk of getting a food allergy include:

- Babies with eczema (in particular, babies with more severe eczema), or
- Babies who already have a food allergy.

Research shows that these babies may benefit from the earlier introduction – from 4 months of age – of complementary foods (solids), including foods containing egg and peanut in a form to suit the baby.

Some babies will already be allergic when they are fed these foods:

- Parents should not continue to feed their baby something they are reacting to.
- Referral to a children’s allergy clinic is recommended for babies with immediate-type food allergy.

DURING PREGNANCY

- Don’t avoid any particular foods (such as peanut) – this has not been shown to prevent allergies.
- Omega-3 fatty acids (found in oily fish such as salmon, trout, mackerel) and fresh (not canned) tuna may help reduce the risk of eczema and allergic sensitisation (development of allergy antibodies) in early life.
- Pregnant women should not eat more than two portions of oily fish a week.
- At the moment, there is no enough evidence to recommend routine probiotics to prevent food allergy.

- Eat a balanced, healthy diet – with plenty of vegetables and fruit to provide vitamins and minerals, as well as fibre (which helps digestion).
- General health advice is to take folic acid and vitamin D supplements during pregnancy.

AFTER BIRTH

- The UK health departments recommend exclusive breastfeeding for around the first 6 months of life.
- Breastfeeding alone does not prevent allergies, but has many other important benefits to the mother and child. Breastfeeding should continue throughout the first year of life.
- Unless otherwise advised by a healthcare professional, don’t avoid eating any particular foods (such as peanut or dairy) while breastfeeding – this has not been shown to prevent allergies.
- Infant formula is the only suitable alternative for babies allergic or intolerant to cow’s milk.
- Babies including those who are exclusively breastfed should be given a daily supplement containing 8.5 to 10 micrograms (μg) of vitamin D even if you’re taking a supplement yourself. Vitamin D supplements should be continued until at least 5 years of age. Formula-fed babies don’t need extra vitamin D until they’re having less than 500ml (about a pint) of infant formula a day, as infants formula is fortified with vitamin D.

1 This is because oily fish can contain pollutants (toxins) which, if eaten in large amounts, outweigh the health benefits of omega-3 fatty acids. Fresh tuna should be limited to a serving size of 140g (cooked weight).
INTRODUCING SOLID FOODS

Babies differ in when they are ready for solid foods. Signs include:

- being able to sit relatively unaided in a high chair, with their head steady
- trying to reach out to grab food and put in their mouth
- loss of the "tongue-thrust" reflex - babies who aren’t ready push the food back out with their tongue, so they get more around their face than they do in their mouths.

When you and your baby are ready (from around 6, but not before 4 months of age), offer them small amounts of pureed vegetables, fruit, starchy foods and protein. Never add salt or sugar – they don’t need it.

Once your baby is eating these, you can introduce the following:

<table>
<thead>
<tr>
<th>Food</th>
<th>Introduction guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egg (both egg white and yolk)</td>
<td>Choose British Lion-stamped eggs: then you can offer your baby scrambled egg, omelette, soft or hard-boiled egg. You can mash egg into other foods e.g. pureed fruit/vegetables, yoghurt, or baby cereals such as rice. Aim for at least 1 egg over the course of a week. If you are not using British Lion-stamped eggs, only give well-cooked or hard-boiled egg.</td>
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<tr>
<td>Peanut</td>
<td>Never give whole nuts, coarsely-chopped nuts or chunks of peanut butter to children under 5 years of age, as these are a choking risk. You can use smooth peanut butter, &quot;puffed peanut&quot; snacks, or grind whole peanuts to a fine powder. Mix with pureed fruits/vegetables, yoghurt, porridge, baby cereals etc. or add to baby’s milk. Suggested recipe: Mix 1 teaspoon of smooth peanut butter with 1 tablespoon of warm water (boiled) or baby’s milk, or some pureed fruit/vegetable. Aim for a total of 2 level teaspoons per week.</td>
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In babies at higher risk of food allergy, studies have shown that starting egg and peanut earlier – from 4 months of age – can help prevent food allergy to egg and peanut.

If part of your family’s diet, aim to introduce egg and peanut by 12 months of age, and continue to give them to your baby regularly as part of their usual diet as they get older.

You may also like to introduce some of the following foods if eaten as part of your family’s diet:

<table>
<thead>
<tr>
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<th>Introduction guidance</th>
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<tbody>
<tr>
<td>Tree nuts</td>
<td>Never give whole nuts or coarsely-chopped nuts to children under 5 years old. Use finely-ground nuts, or a nut butter (e.g. almond butter, cashew butter). Mix with pureed fruits/vegetables or add to yoghurt, porridge or baby’s milk.</td>
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<tr>
<td>Cow’s milk</td>
<td>Yoghurt, fromage frais with no added sugar. Or add fresh whole milk to meals e.g. porridge, mashed potato</td>
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<tr>
<td>Wheat</td>
<td>Weetabix or similar breakfast cereal, well-cooked pasta shapes, toast fingers, couscous</td>
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<tr>
<td>Seeds</td>
<td>Hummus (houmous) which contains tahini (sesame) paste; crushed seeds added to yoghurt, porridge or mixed with pureed or mashed fruits/vegetables</td>
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<tr>
<td>Fish, seafood</td>
<td>Pureed, flaked or mashed cooked fish (e.g. cod, haddock, salmon, trout) or seafood (e.g. prawns, crab, mussels)</td>
</tr>
</tbody>
</table>

Only give your baby foods in a format that is age-appropriate, to avoid risk of choking

Include iron-rich foods in your baby’s diet, such as fortified cereals, meat, poultry, fish, cooked egg and pulses/legumes e.g. chickpeas, lentils.

If your baby already has a food allergy

Speak to a healthcare professional so that they can advise you. You should not feed your baby a food that they are allergic to, but you can still introduce the other foods mentioned above.

Tips for introducing allergic foods

Introduce each new food one at a time (don’t give 2 new foods on the same day):

- Start low e.g. 1/3-1/2 teaspoon and then increase slowly over the next few days
- Once successfully introduced, continue to give the food to your baby regularly as part of their usual diet (e.g. at least once per week)
- If your baby doesn’t seem interested, try again on another day. It is important to go at your baby’s pace.
- More information, ideas and recipes can be found at:
  - www.bda.uk.com/regionsgroups/groups/foodallergy/allergy_prevention_guidance
  - www.nhs.uk/start4life/choosing-first-foods
  - www.bda.uk.com/foodfacts/WeaningYourChild.pdf
- Speak to your health visitor or ask to be referred to a dietician if you continue to have difficulty feeding your baby these foods.

Some babies will develop a food allergy despite following this advice:

- Always stay with your baby when feeding them, to reduce the risk of choking. If you think your baby may be having an allergic reaction, stop giving the food and seek medical advice.
- Allergy testing can help identify individual babies at higher risk of food allergy. The benefits of testing in higher risk babies – before giving them egg or peanut to eat – needs to be balanced against the chance that this could delay introduction (e.g. due to waiting for an appointment) and so increase the risk of allergy. You may want to discuss this with your healthcare professional, especially if your baby has bad eczema.

How to spot an allergic reaction

If you think your baby may be having an allergic reaction, stop giving the food and seek medical advice.

Symptoms of an allergic reaction are shown on page 1.

It can be easier to spot any symptoms of an allergic reaction to a new food if you:

- Choose a day when your baby is well.
- Introduce each new food slowly, one at a time.

Many foods (e.g. citrus fruit, tomato, strawberries) can irritate the skin and cause a red rash (especially around the mouth) in babies – this is not food allergy and you do not need to avoid the food. Smearing food on to the skin does not help identify a possible allergy to that food.

If someone else in the home has a food allergy

Plan how to feed your baby that food, whilst keeping the person with the food allergy safe, for example:

- Only feed your baby the food in a specific place e.g. a high chair, kitchen table
- Wash your baby’s face and hands after giving the food
- Wash all utensils and surfaces that have been in contact with the food. You only need to use normal washing-up liquid and warm water, just as you would if cooking/handling raw meat
- Check to see if any food might have dropped on to the floor etc.
- Consider whether it is possible to give the food when the person with food allergy is not at home, for example asking other relatives and friends to help if you have a food allergy yourself.

References


Disclaimer

This information sheet has been developed and peer reviewed by members of the Food Allergy Specialist Group of the British Dietetic Association and BSACI Paediatric Advisory Group and is based on expert opinion and available published literature at the time of publication. It is not a substitute for medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner. Development of this document is not funded by any commercial sources and is not influenced by commercial organisations. May 2018 (Next review May 2020)