



Identifying Allergies

There are many symptoms linked with an allergy and every child can have different symptoms. This is not an exclusive list, but can include

- Vomiting and reflux symptoms
- Skin rashes and eczema
- Unhappy/unsettled baby
- Feeding difficulties, feeding aversion due to pain may occur as baby gets older.
- Stooling issues, poo can be either constant and many poo, green poo, poo with mucus in or even bloody stools. Some babies can be constipated.
- Poor weight gain
- Excessive crying, 'colic' may be the term used to describe baby behaviour.

While a lot of the links within this guide reference Cows Milk Protein Allergy it is important to remember the same process of elimination would occur for any item you suspected of causing a concern within your baby or toddler.

Types of Allergy

An IgE allergy is one where there is an immediate reaction to the allergen. There are many symptoms that may be shown but hives are a common one. A Non IgE allergy is where a person can take hours to days to show a reaction and it may not be as clear to see. Children can show a mix of both symptoms. IgE allergies may be identified via a skin prick test however Non IgE allergies will not show on a skin prick test. When trying to identify what your child is allergic to, keeping a food and behavior diet can be really helpful, alongside any images of skin rashes. You can then use this to discuss with a Paediatrician and/or Dietician. Fpies is another type of allergy which is often associated with severe vomiting hours after ingestion. This is rare especially in babies receiving breastmilk only. The vomiting can be so severe it can see children go floppy and unresponsive.

[Information — FPIES UK](#)

[Food allergy - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Formula fed babies

Formula fed babies may struggle with the symptoms of CMPA from very early on. Normal first stage infant milk is made from cows milk and this can mean that they suffer with symptoms quite early on and be very unhappy babies. Formula fed babies can be provided with a variety of prescription milks to try and identify an allergy. Not all allergy formulas will work for all babies and it can take time to

find one that fully settles the babies symptoms. Formula fed babies are more likely to suffer from a cows milk protein allergy than a breastfed baby. It is not recommended that a baby under the age of 6 months is prescribed a soya based formula. There are either hydrolysed peptide based formulas – these are often the first option for families and can be successful with babies who have been exclusively formula fed. If these formulas do not reduce the symptoms then moving to an amino acid based formula may be more suitable.

[Specialised milks for infants: Background information \(infantmilkinfo.org\)](http://infantmilkinfo.org)

You can combination feed through choice or need using a specialised milk and breastmilk in any form. After age 1 it is now NICE guidelines that babies can move from a prescription formula to a dairy free milk. This needs to be a fortified milk and not a rice based milk. Prior to age 1 you can use a dairy free milk in cooking and food as you would cows milk.

Breastmilk Fed babies

Babies receiving breastmilk either exclusively or as the main proportion of their diet may be harder to spot allergy symptoms in. It is far less likely for a breastfed baby to suffer with a cows milk protein allergy and many feeding problems can be rectified without changing your diet. However if you feel you have tried every avenue or you have symptoms you feel point strongly at an allergy then it may be worth considering changing your diet.

NICE guidelines do state there is no need to remove an allergen if you see no impact through breastmilk even if your baby reacts when directly eating the allergen. Very small amounts of allergens pass through to breastmilk. Some families will choose to also exclude from their own diet if in a baby exclusively fed breastmilk and showing the symptoms of an allergy then the parent will need to trial a removal of the allergen from their diet. Some families will see an immediate difference for some families you will find it takes a week to see a difference. Hopefully within a couple of weeks there will be enough difference for you to notice. After two to four weeks you would reintroduce dairy into your diet. You can gradually do this over the course of a week.

If you then see a return of symptoms you can take this as confirmation of CMPA and remove the allergen from your diet. If you find that there is an improvement but you don't feel baby is fully well this should be where you look at your diet for other suspected allergens. Soy can be a very common allergen for babies with CMPA and may be worth looking into cutting that.

There are lots of useful links on GPFIN for the iMap 2019

[The Milk Allergy in Primary Care \(MAP\) Guideline 2019 | The GP Infant Feeding Network \(UK\) \(gpifn.org.uk\)](http://gpifn.org.uk)

Testing for allergies

After you have confirmed an allergen in your diet the next step is a referral to an allergy specialist dietician or paediatrician clinic. Here you should be supported to make changes to your diet and offered testing to identify allergies in the form of skin prick tests. This is where a small amount of the allergen is placed onto your baby's skin and a lancet is used to pierce the skin to see if a reaction on the skin occurs.. However this only works for IgE allergies and should be used in conjunction with looking at baby's symptoms and removing items from your diet. The pathway is listed above in the iMap 2019 link.

Multiple allergies

For many babies it is just CMPA they struggle with and going dairy free removes all their symptoms. However for some this is not the case. Babies and toddlers can be allergic to many things and allergens can include, but are not exclusive to,

- Soy
- Egg
- Wheat
- Peanut
- Coconut
- Nuts
- Potato
- Various fruits and vegetables
- Peas and the legume family

When trying to identify additional allergies you may find it easier to keep a food and behaviour/sleep diary. This can help you see a pattern in what you or your baby/toddler is eating and how this is impacting them. Looking back over around 72 hours can be really beneficial when trying to understand what could be upsetting your baby. Soya is a common allergen for CMPA babies and is often the next item to be excluded after going dairy free.

Reintroducing foods

The milk ladder (or any allergen ladder!) is the process used to reintroduce foods into a child's diet after a period of at least 6 months exclusion. For CMPA allergies it is recommended the child is at least 9 months of age as often children will grow out of CMPA around the age of 1. For other foods your medical professional will advise when to start testing. You should not have had a slip up with reaction within 6 months before commencing a ladder. A ladder is where you slowly introduce small amounts of an allergen back into your child's diet while monitoring to see if they react. You must do a ladder when the child is well and not teething to ensure you can clearly see any symptoms that occur. Some children may be able to tolerate a previous allergen in their diet, some children will only be able to tolerate small amounts. It is really important that if you had removed the allergen from your diet that you also follow the ladder, only reintroducing a food when you are sure your child can tolerate it.

For children who have IgE allergies it may be that they need to complete the initial ladder steps in hospital to ensure that they do not have a severe reaction.

https://gpifn.files.wordpress.com/2019/10/imap_final_ladder-may_2017_original.pdf