



# Update: infant feeding and allergy

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The Australasian Society of Clinical Immunology and Allergy (ASCIA) has recently revised its feeding advice for introducing complementary feeding. The change from previous guidelines is based on some recent studies suggesting that avoiding allergenic foods does not appear to reduce allergies, and may even be associated with an increased risk (see [www.allergy.org.au](http://www.allergy.org.au)). Although children with a family history of allergy are at higher risk of allergy, many children with no family history also develop allergy.

## The key points

- There is little evidence that delaying the introduction of complementary solid foods beyond 6 months reduces the risk of allergy and there have been some suggestions that delaying introduction of foods may actually increase (rather than decrease) allergy.
- There is insufficient evidence to support previous advice to specifically delay or avoid potentially allergenic foods (such as egg, peanuts, nuts, wheat, cow's milk and fish) for the prevention of food allergy or eczema. This also applies to infants with siblings who already have allergies to these foods.
- More research is needed to determine the optimal time to start complementary solid foods. Based on the currently available evidence, many experts across Europe, Australia and North America recommend introducing complementary solid foods from around 4-6 months.

## Recommended advice, in a nutshell

**Breastfeeding is recommended** for at least 6 months and is encouraged for as long as the mother and infant wish to continue, without any maternal dietary restrictions. This is for the many nutritional and non-nutritional benefits of breastfeeding for both the mother and infant. It is thought that breastfeeding at the time foods are first introduced may help prevent the development of allergy to those foods.

**Infant formulas before 4 months.** If complementary formula is required before solid foods are started, recommendations vary. Where there is no family history of allergic disease in the infant's parents or siblings, a standard cow's milk formula may be used. For infants with a family history of allergy (parents or siblings), commence on a partially hydrolysed cow's milk formula (usually labeled "HA" or hypo-allergenic). For known cow's milk allergy, these formulas are not suitable - elemental formulas are used instead. Soy milk and other mammalian milks (e.g. goat milk) are not recommended for allergy prevention or for infants with known cow's milk allergy.

**From 4-6 months onwards.** When a child is ready, parents should consider introducing a new food every 2-3 days, according to what the family usually eats (regardless of whether the food is thought to be highly allergenic). In this way, reactions can be more clearly identified and the food excluded or the food

continued as a part of a varied diet. Infants are unlikely to develop a new allergy to any food that is already tolerated, if it is given regularly. Breast milk or an appropriate infant formula should remain the main source of milk until 12 months of age, although cow's milk can be used in cooking or with other foods.

**Initially, no particular allergenic foods need to be avoided.** This advice is relevant for all children, including those where siblings already have allergies or children affected by eczema (even though these children are at higher risk of allergies). Some children will develop allergies but there is no way of accurately predicting who. If there is any reaction to a food, parents should exclude that food until the child is reviewed by a medical practitioner with experience in food allergy.

These guidelines are based on the best evidence currently available (September 2008). Further research is ongoing in this area.

## Research:

### Infant referrals requested

PMH is currently recruiting for a much needed clinical trial to see if early regular exposure to egg reduces the risk of egg allergy. Infants will be randomised to receive egg powder or a placebo powder (rice) from 4-6 months of age, until 8 months of age. They will be followed for allergy assessment and food challenges to determine if this intervention reduces the risk of egg allergy by inducing early tolerance.

Please refer any suitable infants:

- Parents interested and willing to be involved
- Infant with eczema (due to higher risk of developing egg allergy)
- Aged < 5 months

**Please contact Children's Allergy and Immunology Research (CAIR), Princess Margaret Hospital. Mob: 040 944 1967. Tel 9340 8834.**

## References:

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6. Allen CW, Campbell DE, Kemp AS. Food allergy: Is strict avoidance the only answer? *Pediatr Allergy Immunol* 2008.
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