



## Milk and diet changes to help with the diagnosis of milk allergy in your baby

Babies may have a type allergy to milk (cow's, sheep's or goat's milk etc) which causes problems such as colic, loose stools, constipation, reflux or eczema. This sort of allergy is called 'non-IgE allergy' or sometimes 'milk intolerance'. The best test to diagnose this is to carry out trials; changing your baby's milk. Blood tests, skin tests, hair tests, Vega tests etc., are not helpful to confirm this type of milk allergy.

Babies who have had reactions to milk resulting in skin swelling, wheezing, nettle rash and other severe symptoms may have a different type of allergy and so will need different types of testing and assessment. **This information is not suitable for babies with these problems. Your doctor or dietitian will advise you.**

### **The first part of the test: Taking cow's milk (and sheep/goat's milk) out of the diet for approximately 2 weeks.**

It may be useful to write down your baby's symptoms during the weeks before and during the diet trials to help you assess any changes.

**Breast fed babies:** If your baby is breast fed then Mum needs to remove all milk from her diet for about two weeks. Usually any improvement is seen within 1-2 weeks but sometimes up to four weeks is required.

Milk and milk products such as yoghurt, butter and cheese are important for calcium and vitamin D so mothers should take a supplement - ask your dietitian, doctor or pharmacist about this. A supplement with 1000mg calcium and 10micrograms vitamin D is recommended each day.

**Babies who are having all bottle feeds or mixed breast and bottle feeding:** Normal infant formula is made using cow's milk. Your doctor or dietitian will therefore prescribe special low allergy formula (sometimes called hypoallergenic formula or hydrolysed formula).

There are several brands available, they all taste and smell different from normal infant formula so it may takes a while for your baby to get used to it. To help with this, mix some of the new low allergy formula with your baby's previous milk or expressed breast milk for the first few days. If the baby continues to refuse the new formula then a different brand can be tried.

Examples of milks prescribed are Nutramigen<sup>®</sup>, Aptamil Pepti<sup>®</sup> and Alimentum<sup>®</sup>.

Soya formulae eg Wysoy<sup>®</sup>, Infasoy<sup>®</sup> are not usually recommended under 6 months of age as young babies often react to these as well but they may sometimes be tried in older babies.

For babies having a mix of breast and bottle feeding mum may also need to change her diet as above although this is not always needed - check with your doctor, health visitor or dietitian.

**Weaning foods:** all weaning foods should also be milk free - check all food labels.

## **Part Two: Reintroducing cow's milk after approximately two weeks**

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**It is really important to reintroduce cow's milk to your baby's diet even if the milk-free diet/ low allergy formula seems to have helped.**

Usually any improvement is obvious within 1-2 weeks. Occasionally up to 4 weeks is needed.

Baby's change a lot as they grow and some will have improved with time rather than with the change to diet. For those who do have a milk allergy they will need a special diet for at least the next 6 months so it is important that the diagnosis is right.

Retry the milk when your baby is well and do not introduce new foods or medicines at the same time.

### **How to reintroduce cow's milk into the diet:**

**Breast-fed babies:** Mum should gradually bring milk-containing food back into her diet over a period of about one week. If your baby clearly reacts to this then Mum should exclude cow's milk again. Sometimes mothers will be able to find a low level of milk in their diet which doesn't seem to affect their baby.

**Bottle fed/ mixed feeding:** Gradually change back to your baby's previous infant formula over a few days.

**Day 1:** On the first day make up one bottle with the special low allergy formula but with one scoop (one ounce/30ml) replaced with normal infant formula. It is best to do this early in the day so you can watch for any reaction. All the rest of the bottles given that day should be the low allergy formula.

**Day 2:** Make up one bottle with half low-allergy formula and half normal infant formula

**Day 3:** Make up all bottles with half low-allergy formula and half normal infant formula

**Day 4:** Make up all bottles with normal infant formula.

If your baby develops symptoms again when the amount of normal infant formula is increased, stop and go back to the special low allergy formula.

If you are unsure if there is a change you may want to wait a week and try reintroduction normal infant formula again.

## What happens next?

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If your baby's symptoms get better when milk-free and get worse again when milk is reintroduced then this confirms your baby has a type of cow's milk allergy.

Luckily most babies will outgrow this allergy and many will be able to start having some milk containing foods in their diet from 9-12 months age or after about 6 months on the diet.

All weaning foods will also need to be milk-free so a dietitian referral will be needed to help you to ensure your baby gets a nutritious diet and to help you choose the right sort of foods.

The dietitian will also help you to try reintroducing milk into your baby's diet when they are older. At that stage the reintroduction usually starts with highly cooked milk in foods.

Your GP will be able to prescribe the special low allergy milks your baby needs.

If the diet trials have not shown any improvement it is very unlikely your baby has a milk allergy. Some of the symptoms occur in normal healthy babies and will improve as they get older. In a very small group they will need to try an even more specialised milk called an amino acid formula. This is only used in those with severe symptoms which have not improved with the low allergy formula milk. If you remain concerned discuss this with your doctor, health visitor or dietitian.

**These are general guidelines and sometimes will be altered by your doctor, health visitor or dietitian depending on the clinical situation. Discuss this with them if you have any concerns.**

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Date: Sept 2013

Review date: Sept 2015