

## **Frequently Asked Questions for CMPA**

### **How do I contact the dietetic team if I have further questions?**

Please call us on 01225 826449 and leave your question, child's name and date of birth as well as how we can contact you back (either phone or email address).

### **Should I continue to breastfeed?**

While it is rare, some babies can have an allergic reaction to cow's milk protein consumed by Mum and passed to her baby through her breastmilk. If you have been able to successfully breastfeed then we encourage you to continue because of the many benefits for both you and your baby. Breastfeeding provides all the nourishment that a young baby needs, as well as many other benefits, such as antibodies. The nutrients in breast milk are easily digested and absorbed and your milk continually changes to meet your baby's needs. If you are breastfeeding and your baby has allergic symptoms (for example diarrhoea and/or eczema), discuss commencing cow's milk-free diet and commence a vitamin D supplement of 10mcg and calcium of 1000mg.

### **My little one will not accept the hypoallergenic formula.**

It can be difficult to get a baby to accept a different formula and hypoallergenic formulas have a different taste and smell to ordinary infant formula. Most babies under three to four months of age will readily accept the change. For older babies and children who have delayed allergic reactions, it may help to gradually introduce it over several days, mixing it with their usual milk until they get used to it or, failing that, adding a drop of vanilla essence/extract (ensuring that this is alcohol free) to the bottle. You may notice during this change that your baby's poo changes colour (dark green) and they may also poo less often. This is quite normal and is not a cause for concern.

## **What are normal stools for a baby diagnosed with a milk allergy?**

Firstly, once your baby has moved to a milk-free diet it may take many weeks for their poo to settle down from the previous irritation from milk protein. Mucus which often looks like a stringy white/clear substance in your baby's nappy may also take many weeks to calm down. Remember that it can be normal for mucus to appear in small amounts at other times, for example when your child has a cold or is teething.

We know the frequency of poo reduces over the first year of life (on average from five to six times per day down to two) in babies who have not had a milk allergy, so you may find your child differs from this. There are times when a baby might strain or cry when passing a poo, which is often normal and settles with time. We also know that breastfed babies may be different from formula-fed babies. A breastfed baby may do a poo after every feed, or not for a few days, and this is in line with what is expected.

Whilst we are usually looking for mustard or brown coloured poo this may change at times in babies who have a milk allergy. It might come as a surprise that a green poo for babies on an allergy formula is completely normal and not something to worry about. However, if your baby has black/coffee ground coloured poo or poos that look like redcurrant jelly or white poo then this is the time to seek medical advice.

## **Can I feed my baby foods that are known to cause allergies?**

Feeding your baby other well-known allergens like egg and peanut has been shown to help lower the chances that your baby will be allergic to these foods. For this reason, it is encouraged to introduce foods like cooked egg, and then smooth peanut butter early in the weaning process, followed by other foods known to cause food allergies. You should then aim to introduce:

- Well cooked egg (eggs without a red lion stamp should not be eaten raw or lightly cooked)
- Foods that contain gluten, including wheat, barley and rye
- Nuts and peanuts (serve as nut spreads or finely ground)
- Seeds (For sesame, tahini is a good example or hummous has sesame, but try chickpeas as a separate food first)
- Soya (some babies with a delayed reaction to milk can react to soya but try to introduce cautiously and assess)
- Shellfish (don't serve raw or lightly cooked)
- Fish

Only give your baby foods in a form that is age-appropriate, to avoid the risk of choking. It is very important that once introduced, and there is no reaction, you should keep offering those foods as part of your baby's usual diet, to minimise the risk of allergy.

### **What happens if my child reacts to cow milk on reintroduction?**

Please go back to the previous tolerated step. If symptoms persist, then remove cow's milk from the diet and trial the milk ladder from step 1 again in 3 months' time.

### **I've found a different milk ladder online, which one is the correct version?**

There are many versions of the ladder including a four step, six step and 12 step ladder. This can make it confusing knowing which one to use. Generally, they all follow the same principles of starting with baked milk and building up to fresh milk. We find the six-step ladder tends to work best and is the one we discuss on the webinar so we would suggest following this.

### **Is there anything I need to consider before I commence the milk ladder?**

Before starting, you need to ensure your child is well (no cough, cold or fever), there are no tummy symptoms, and their eczema is under control. Ensure that you offer the cow's milk containing food earlier in the day, so you can observe your child for any allergic symptoms related to cow's milk throughout the day.

### **When should I start the milk ladder?**

This will depend on your child's symptoms, age and when they were diagnosed. For non-IgE mediated CMA it is typical to start around 9-12 months of age. Most children will start at step one unless they have tolerated a food higher on the milk ladder by accident in which case they may go in slightly higher.

### **How much should I give when reintroducing milk products into the diet?**

On each step of the milk ladder there are suggested portion sizes which are used as a guide. In some cases, it may be advisable to start with smaller amounts such as  $\frac{1}{4}$  or  $\frac{1}{2}$  portions depending on the child's previous history and symptoms. You will then need to increase until they are tolerating a normal portion size of that food for their age. For example, 1 biscuit, 1 small cupcake.

**How long does each step take?**

This will vary from child to child. Some children progress on a step quickly (e.g. in a week), and others may stay at a step for several months. You can move to the next step when you are confident that your child is tolerating the recommended portion size (at least a few times to ensure it is tolerated before moving to the next step).

**What happens if my child is ill during the ladder?**

Coughs, colds, and bugs are common in children which can make it harder to navigate the ladder. If your child is ill, simply pause at the step they are on and continue once their symptoms have resolved. You can continue to offer foods that have previously been tolerated on the milk ladder.