

Food Allergy Prevention Guidance

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The BDA Food Allergy Specialist Group (FASG) & Paediatric Allergy Group (PAG) of the BSACI developed guidance for UK Healthcare Professionals on preventing food allergy in higher risk infants (May 2018) i.e. those with eczema, other food allergies

- BSACI/FASG document is guidance rather than a guideline
- Advice in implementing the evidence from the EAT, LEAP and other studies.
- Complements a [recent review](#) by joint specialist committee of the UK FSA and Public Health England.

- targeted advice may be appropriate for infants at a higher risk of developing food allergy.
- Guidance includes advice on the early introduction of potential allergenic foods into the infant diet to reduce the risk of future food allergy.



Preventing food allergy in higher risk infants: guidance for healthcare professionals



This information sheet complements current advice from the Scientific Advisory Committee on Nutrition (SACN) and the Committee on Toxicity (Food Standards Agency). It has been developed by the Food Allergy Specialist Group of the British Dietetic Association and Paediatric Allergy Group of the British Society for Allergy & Clinical Immunology. **A separate summary for parents is available at www.bsaci.org/about/early-feeding-guidance and www.bda.uk.com/regionsgroups/groups/foodallergy/allergy_prevention_guidance**

CURRENT ADVICE FOR ALL INFANTS IS:

- Exclusive breastfeeding for around the first 6 months of life
- Complementary foods should be introduced in an age-appropriate manner from around 6 months, alongside continued breastfeeding, at a time and in a manner to suit the child and family.
- The deliberate exclusion or delayed introduction of specific allergenic foods may increase the risk of developing a food allergy to the same foods.

In practice, this means:

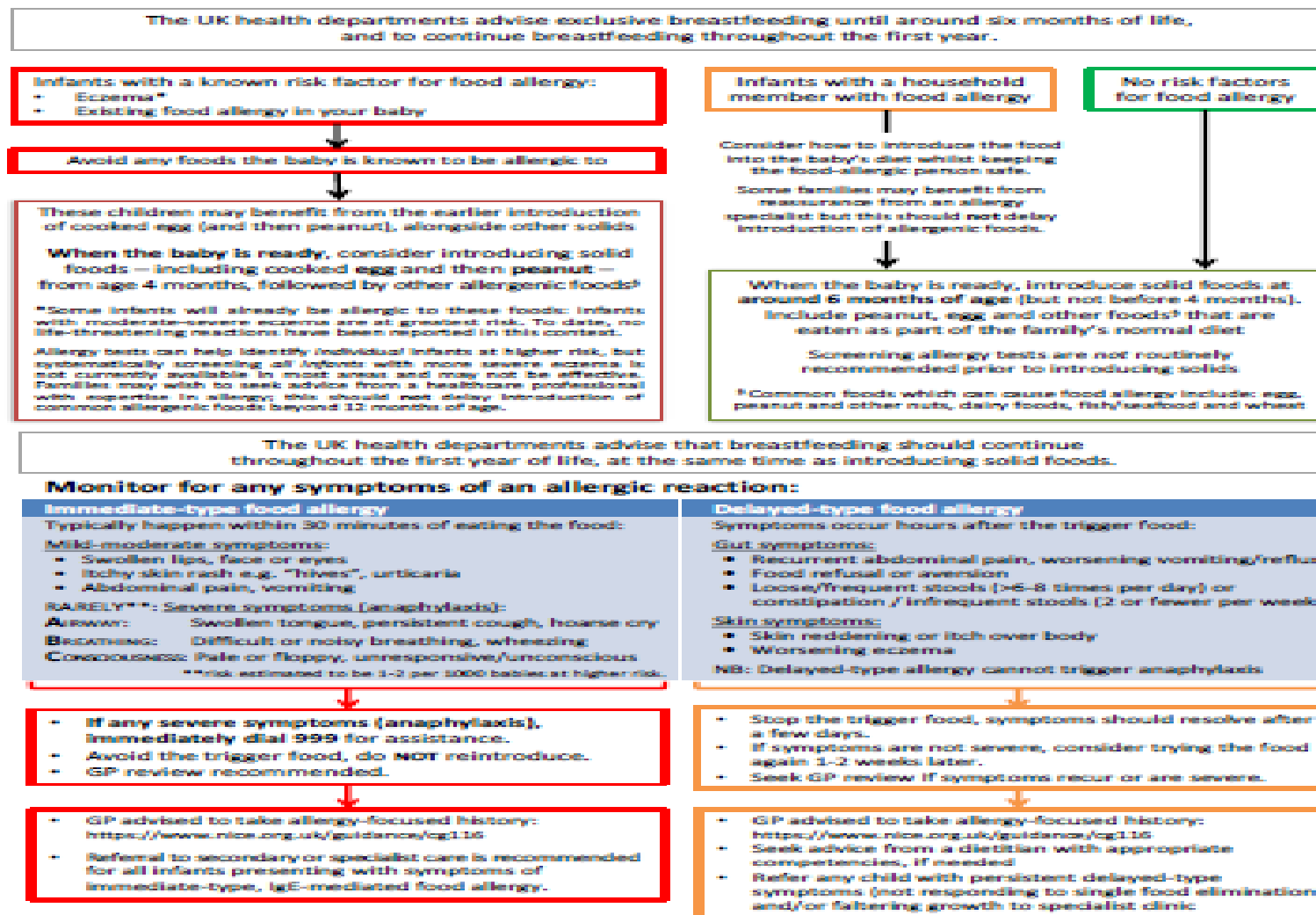
- When the infant is ready, at around 6 months of age (but not before 4 months), introduce complementary foods (solids) - usually as pureed foods. Start by offering small amounts of vegetables, fruit, starchy foods, protein. Never add salt or sugar - they don't need it.
- Include foods associated with food allergies that are part of the family's diet: this can include egg, foods containing peanut and tree nuts, pasteurised dairy foods, fish/seafood and wheat.
Never give whole or coarsely-chopped nuts, as these are a choking risk.
- Aim to introduce these foods before 12 months of age, one new food at a time
- Continue to give the baby these foods regularly as part of their usual diet, unless not tolerated – this may help reduce the chance of their developing an allergy to that food later.

GUIDANCE FOR INFANTS AT HIGHER RISK OF FOOD ALLERGY

Some infants are at a higher risk of developing a food allergy, including those:

- with **eczema** (in particular, early-onset or moderate-severe eczema – see next page), or

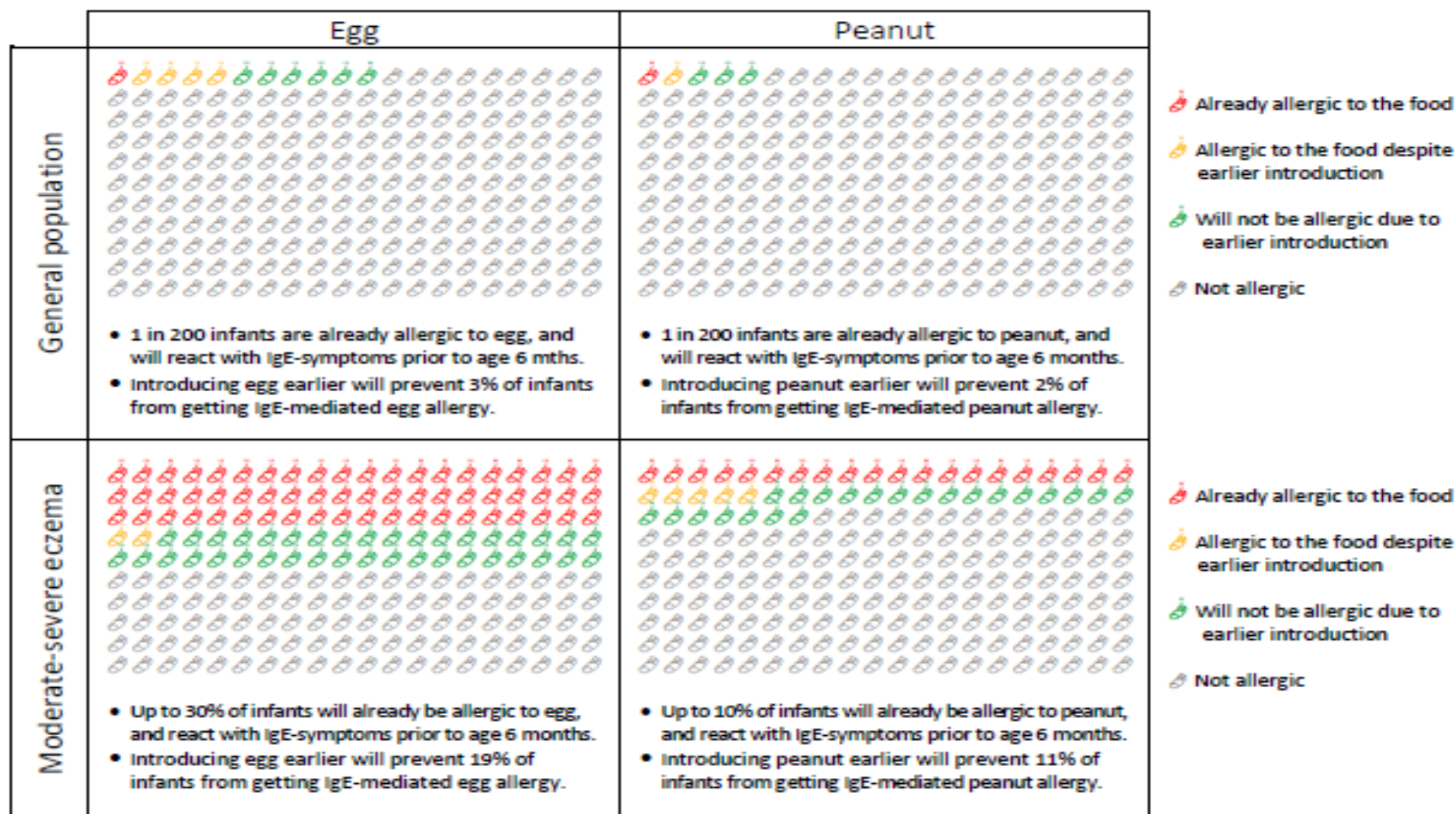
Preventing food allergy in higher risk infants: summary for healthcare professionals



- higher risk infants may start solids from 4 months
- once the baby is eating solid foods such as fruit and veg ,introduce foods containing egg, then peanut, and then other allergens

Infants with moderate-severe eczema and/or eczema which began in the first 3 months of life are at greatest risk of reacting to egg and peanut when these are introduced into the diet.

- but where tolerated, these infants will benefit most from earlier introduction:





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.uk.com/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.

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.

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.¹
- At the moment, there is not 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

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.
- Excluding egg and peanut from your baby's diet may increase their risk of food allergy.
- 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.

When your baby is ready, consider introducing solid foods – including cooked egg, and then peanut – from age 4 months, followed by other foods known to cause food allergies⁹
(more information on this can be found on page 3)

The benefits of allergy testing in higher risk babies before introducing egg or peanut needs 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. The risk of a severe reaction (anaphylaxis) is low (1-2 per 1000 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 ALREADY ALLERGIC TO

Babies not at a higher risk of food allergy include:

Someone in your home (not the baby) has a food allergy

All other babies

You will need to plan how to feed your baby whilst keeping the person with the food allergy safe (see overleaf)

Some families may wish to talk to their doctor/allergy specialist about any worries they may have. This should not delay introduction of allergenic foods beyond 12 months of age.

When your baby is ready, at around 6 months of age introduce solid foods. Include peanut, egg or other foods⁹ commonly associated with allergies that you and your family eat as part of your normal diet.

⁹Common foods which can cause food allergy include: egg, peanut and other nuts, dairy foods, fish/seafood and wheat.

Monitor for any symptoms of an allergic reaction:

Immediate-type food allergy

Typically happens within 30 minutes of eating the food:

Mild-moderate symptoms:

- Swollen lips, face or eyes
- Itchy skin rash e.g. "hives", urticaria
- Abdominal pain, vomiting

The following severe symptoms are rare:

- Swollen tongue, persistent cough, hoarse cry
- Difficult or noisy breathing
- Pale or floppy, unresponsive/unconscious

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

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) or constipation/inrequent stools (2 or less per week)

Skin symptoms:

- Skin reddening or itch over body
- Worsening eczema

NB: Delayed-type allergy cannot trigger anaphylaxis

- 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:
 - Faltering growth
 - Reflux or gut symptoms resistant to treatment
 - Food refusal
 - Eczema which worsens with specific foods.

Info Includes

- Advice for pregnant women
- Advice for siblings/other family member with food allergy
- Signs of readiness for weaning
- Tips for introducing allergenic foods
- Advice that some babies will develop food allergy despite following the advice
- Advice on how to recognise and treat an allergic reaction

Criticisms include practicalities of introducing egg and peanut into the diet at 4-6 months

Not all children will be ready for introduction of complementary foods at 4 months old



Recipes for introducing egg and peanut in the infant diet

These recipes have been written to support parents/caregivers to introduce egg or peanut in their baby's diet. The serving sizes are small – if you wish to make larger quantities, double the recipe.

Egg

If you use a British Lion Quality ('lion stamped') egg, you can offer your baby scrambled egg, omelette, frittata, or boiled eggs (soft or hard boiled). If the eggs you are using are not British Lion Quality, they must be cooked through before feeding them to your baby i.e. no runny white or yolk.



BDA FASG have produced recipes to support this guidance

- Egg
 - Hard boiled egg pureed or mashed with fruit or veg.
 - Scrambled, boiled or omelette.
 - Pancakes or frittata.
- Peanut
 - Puffed snacks such as Bamba or Cheeky Monkey.
 - Smooth peanut butter added to purees or porridge.
 - Soup/ sauce/ smoothies/ ice-cream and cookies for older children.

The role of the Dietitian is to

- help patients to make an informed decision
- understanding the potential risk of an allergic reaction
- balancing this against the risk that a delay in introduction (increase the risk of food allergy)

Links

https://www.bda.uk.com/regionsgroups/groups/foodallergy/food_allergy_prevention_guidance

Further reading

- <http://www.leapstudy.co.uk/>
- <http://www.food.gov.uk/sites/default/files/media/document/eat-study-final-report-summary.pdf>

