



A parent's guide to cow's milk allergy:

From diagnosis until weaning



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What is cow's milk allergy?

About this booklet

This booklet is written for parents and carers of babies who have cow's milk allergy and have been recommended Nutramigen* LIPIL* or Nutramigen AA by their healthcare professional, but have not yet started weaning. It explains what cow's milk allergy is, and gives information and practical advice on caring for babies with the condition.

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Cow's milk allergy (CMA) is one of the most common allergies in childhood. It occurs when the immune system 'over-reacts' to the protein found in cow's milk and milk-containing products (also known as dairy).

How common is CMA?

CMA affects between 2% and 6% of all infants.^{1,2} The good news is that more than three-quarters of babies with CMA grow out of it later in childhood.



CMA is not the same as lactose intolerance, in which people cannot digest the sugar found in milk, called lactose.

Signs and symptoms

The symptoms of CMA can appear immediately after consuming dairy (within 2 hours) or may be delayed, taking up to 48 hours to develop.

Immediate symptoms of CMA can appear within 2 hours of eating dairy and may include:

- breathing difficulties
- swollen lips, tongue or face
- hives, rash, redness or itching
- eczema flare
- diarrhoea
- vomiting

Delayed symptoms can appear up to 2 days after eating dairy and may include:

- eczema, itching or redness
- tummy pain
- colic-type symptoms
- reflux
- constipation
- frequent or loose stools
- blood or mucus in stools

These delayed symptoms may also lead to night-time waking, crying or distress during feeding, or poor weight gain.

Your infant may have one or more of these symptoms, which can range from a mild to a severe reaction. Some of these symptoms can also occur for reasons other than CMA, so it is important to discuss all symptoms fully with your doctor.



How is CMA managed?

The only way to manage CMA is the complete avoidance of all cow's milk and milk-containing products (dairy products).

Cow's milk contains a variety of nutrients that are essential for your baby's health and growth. It is very important that the removal of cow's milk from your baby's diet is managed carefully, with close medical help and support.

If your baby has not yet started on solid foods, elimination of dairy from their diet may be done in two ways, depending on whether they are breast fed or formula fed.

- **Breast-fed babies.** Breast milk provides the best nutrition for your baby, so if you are breastfeeding, it is important not to stop, but to discuss whether you need to exclude cow's milk and dairy products from your own diet. This may be necessary as cow's milk proteins can be passed to your baby through your breast milk.

A dietitian can help you with this, and can give advice on the obvious and hidden sources of cow's milk and how to replace the nutrients. More advice is available in the next booklet in this series, *A parent's guide to cow's milk allergy: weaning and up to 1 year.*

- **Formula-fed babies.** If you are bottle-feeding it is important that you replace your baby's cow's milk formula with a suitable nutritionally complete, hypoallergenic infant formula, such as Nutramigen LIPIL or Nutramigen AA.

Goat's and sheep's milk, and milk from any other animals, are not recommended for infants with cow's milk allergy, as the protein in these milks is very similar to the protein in cow's milk.

Experts recommend that soya formulas should not be given to infants before 6 months of age, and it should not be the first choice for older infants, unless advised by a doctor or dietitian.

The role of the dietitian

Following a cow's milk free diet can be very challenging, especially when you start to introduce solids, so you may wish to ask your doctor to refer you to a paediatric dietitian.⁴ The dietitian will give you practical advice on managing your child's diet. They will help ensure it is completely free from cow's milk, including hidden sources, and that your child is not missing out on essential vitamins and minerals.

Your dietitian will also advise you if there are other foods that your infant should avoid, particularly if they have more than one food allergy. The dietitian will help you tailor the diet to suit your child's own individual needs and check that it is varied and nutritionally adequate to maintain healthy growth and development.



What are Nutramigen LIPIL and Nutramigen AA?

Nutramigen LIPIL and Nutramigen AA are two different types of hypoallergenic formula, both specially designed for babies with CMA.

Nutramigen LIPIL

The protein in Nutramigen LIPIL is taken from cow's milk but has been broken down (hydrolysed) into tiny pieces that will not trigger an allergic reaction in most infants.

Nutramigen AA

If your child has severe or multiple food allergies, your doctor may recommend Nutramigen AA. Nutramigen AA is not made from cow's milk, and is made up of individual amino acids, the building blocks of protein.

What is LIPIL?

Nutramigen formulas all contain LIPIL, a blend of nutrients that contains DHA, also known as omega-3 fatty acid. DHA is present in breast milk and contributes to normal visual development.

After starting Nutramigen LIPIL or Nutramigen AA, you may notice that your baby produces frequent loose stools of a greenish colour – but don't worry, this is usually quite normal.



Feeding tips for formula fed infants

Getting started with Nutramigen†

Due to their special formulation, hypoallergenic formulas smell and taste different from routine formulas. After switching to Nutramigen, it might take up to a week for your baby to get used to the new taste.

All hypoallergenic formulas have similar tastes, and scientific studies have shown that young infants adapt quickly (and do not dislike them).⁵ Interestingly, infants fed Nutramigen seem to prefer foods containing savoury and bitter flavours like broccoli later in life, in comparison with children fed other types of formula.⁵ Babies easily adapt to new tastes, and the earlier they start tasting these new formulas, the more likely they are to accept them.⁶

To help things along:

- Ideally, your baby should switch from their routine formula to Nutramigen as soon as possible after diagnosis.
- Try to make sure your baby is hungry and thirsty when trying the formula for the first time.

† "Nutramigen" is used to refer to Nutramigen LIPL I or Nutramigen AA.

- Try to be positive during feeding times, as babies can pick up on your reactions. Remember, your senses of taste and smell are different from your baby's, which are not so well developed at this age.
- Older children may prefer to take the formula from a covered cup or as a cold drink.
- When you are ready to start weaning your baby, you can incorporate Nutramigen into foods and use it in recipes (see the next booklet in this series: *Weaning and up to 1 year*), which may also help your baby to get used to the formula.

Advice and support

If you would like more advice on any aspects of feeding and weaning your baby, contact your doctor, dietician or health visitor.



When should I start to wean my baby?

Most experts agree that weaning should begin around age 6 months (26 weeks).⁷ If you wish to begin a little earlier, discuss this with your healthcare professional, but solid foods are not recommended before 4 months of age (17 weeks).^{7,8}

If your baby is receiving Nutramigen LIPIL 1, your doctor or dietitian may recommend a switch to a stage 2 hypoallergenic formula, such as Nutramigen LIPIL 2, as these are tailored to better suit the nutritional needs of older infants.

During weaning, Nutramigen can be mixed with food, such as breakfast cereals, and used in cooking, helping to make sure that your baby receives all the nutrients they need to grow and thrive.

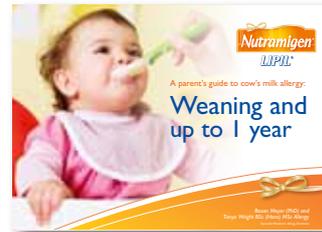


Useful resources

The next booklet in the series is called *A parent's guide to cow's milk allergy: Weaning and up to 1 year*.

- Guides you through weaning your baby
- Provides advice about which foods to introduce and when
- Contains easy-to-prepare milk-free recipes, including a milk-free cake ideal for celebrating their first birthday!

Ask your doctor, dietitian or health visitor for a copy or contact the Mead Johnson Careline.



IMPORTANT NOTICE: Breastfeeding is best for babies. The decision to discontinue breastfeeding may be difficult to reverse and the introduction of partial bottle-feeding may reduce breast milk supply. The financial benefits of breastfeeding should be considered before bottle-feeding is initiated. Failure to follow preparation instructions carefully may be harmful to a baby's health. Parents should always be advised by an independent healthcare professional regarding infant feeding. Products of Mead Johnson must be used under medical supervision.

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