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improving allergy care
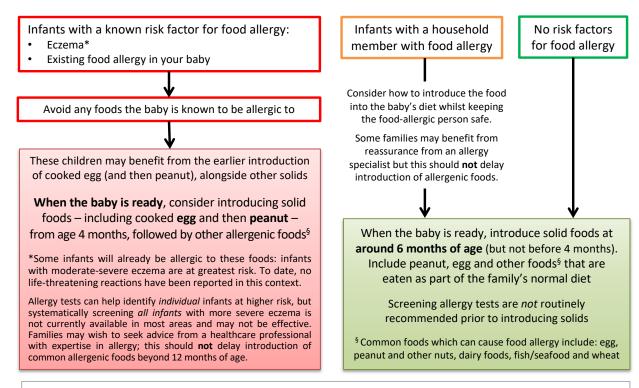through education, training and research

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

The UK health departments advise exclusive breastfeeding until around six months of life, and to continue breastfeeding throughout the first year.

Infants with a known risk factor for food allergy:
- Eczema*
- Existing food allergy in your baby

Infants with a household member with food allergy

No risk factors for food allergy

Avoid any foods the baby is known to be allergic to

Consider how to introduce the food into the baby's diet whilst keeping the food-allergic person safe.

Some families may benefit from reassurance from an allergy specialist but this should **not** delay introduction of allergenic foods.

These children may benefit from the earlier introduction of cooked egg (and then peanut), alongside other solids

When the baby is ready, consider introducing solid foods – including cooked **egg** and then **peanut** – from age 4 months, followed by other allergenic foods§

*Some infants will already be allergic to these foods: infants with moderate-severe eczema are at greatest risk. To date, no life-threatening reactions have been reported in this context.

Allergy tests can help identify *individual* infants at higher risk, but systematically screening *all infants* with more severe eczema is not currently available in most areas and may not be effective. Families may wish to seek advice from a healthcare professional with expertise in allergy; this should **not** delay introduction of common allergenic foods beyond 12 months of age.

When the baby is ready, introduce solid foods at **around 6 months of age** (but not before 4 months). Include peanut, egg and other foods§ that are eaten as part of the family's normal diet

Screening allergy tests are *not* routinely recommended prior to introducing solids

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

The UK health departments advise that breastfeeding should continue throughout the first year of life, at the same time as introducing solid foods.

Monitor for any symptoms of an allergic reaction:

Immediate-type food allergy	Delayed-type food allergy
Typically happen within 30 minutes of eating the food:	Symptoms occur hours after the trigger food:
Mild-moderate symptoms:	Gut symptoms:
• Swollen lips, face or eyes • Itchy skin rash e.g. "hives", urticaria • Abdominal pain, vomiting	• Recurrent abdominal pain, worsening vomiting/reflux • Food refusal or aversion • Loose/frequent stools (>6-8 times per day) or constipation / infrequent stools (2 or fewer per week)
RARELY**: Severe symptoms (anaphylaxis): **A**IRWAY: Swollen tongue, persistent cough, hoarse cry **B**REATHING: Difficult or noisy breathing, wheezing **C**ONSCIOUSNESS: Pale or floppy, unresponsive/unconscious **risk estimated to be 1-2 per 1000 babies at higher risk.	Skin symptoms: • Skin reddening or itch over body • Worsening eczema NB: Delayed-type allergy cannot trigger anaphylaxis

- **If any severe symptoms (anaphylaxis), immediately dial 999** for assistance.
- Avoid the trigger food, do **NOT** reintroduce.
- GP review recommended.

- Stop the trigger food, symptoms should resolve after a few days.
- If symptoms are not severe, consider trying the food again 1-2 weeks later.
- Seek GP review If symptoms recur or are severe.

- GP advised to take allergy-focused history: https://www.nice.org.uk/guidance/cg116
- Referral to secondary or specialist care is recommended for all infants presenting with symptoms of immediate-type, IgE-mediated food allergy.

- GP advised to take allergy-focused history: https://www.nice.org.uk/guidance/cg116
- Seek advice from a dietitian with appropriate competencies, if needed
- Refer any child with persistent delayed-type symptoms (not responding to single food elimination) and/or faltering growth to specialist clinic