

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 allergies⁵ (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 foods⁵ commonly associated with allergies that you and your family eat as part of your normal diet

⁵Common 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	Delayed-type food allergy
Typically happen within 30 minutes of eating the food:	Symptoms occur hours after the food trigger:
Mild-moderate symptoms:	Gut symptoms:
<ul style="list-style-type: none"> • Swollen lips, face or eyes • Itchy skin rash e.g. “hives”, urticaria • Abdominal pain, vomiting 	<ul style="list-style-type: none"> • Recurrent abdominal pain, worsening vomiting/reflux • Food refusal or aversion • Loose/frequent stools (more than 6-8 times per day) or constipation/infrequent stools (2 or less per week)
The following severe symptoms are rare:	Skin symptoms:
<ul style="list-style-type: none"> • Swollen tongue, persistent cough, hoarse cry • Difficult or noisy breathing • Pale or floppy, unresponsive/unconscious 	<ul style="list-style-type: none"> • Skin reddening or itch over body • Worsening eczema
	NB: Delayed-type allergy cannot trigger anaphylaxis

- **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.

- 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.

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 peanut or dairy) while breastfeeding** – this has **not** been shown to prevent allergies.
- Infant formula is the only suitable alternative under 12 months of age when mothers do not breastfeed or choose to supplement breast milk. Infant formula made from cows’ and goats’ milk are suitable, however soya-based infant formula should not be used unless prescribed by a GP. If formula feeding, guidance regarding the safe preparation, storage and handling of infant formula should be followed.
- Using a non-cow’s milk-based formula (such as soya) or a specialist “low allergy” or hypoallergenic formula has **not** been consistently shown to prevent food allergy or other allergic diseases.
- **Speak to a healthcare professional if you think your baby may be allergic or intolerant to cow’s milk.**
- All babies (including those who are exclusively breastfed) should be given a daily supplement containing 8.5 to 10 micrograms (µg) of **vitamin D** – even if you’re taking a supplement yourself. Vitamin D supplements should be continued until at least 5 years of age. Formula-fed babies don’t need extra Vitamin D until they’re having less than 500ml (about a pint) of infant formula a day, as infant formula is fortified with vitamin D.

¹ This is because oily fish can contain pollutants (toxins) which, if eaten in large amounts, outweigh the health benefits of omega-3 fatty acids. Fresh tuna should be limited to a serving size of 140g (cooked weight).

INTRODUCING SOLID FOODS

Babies differ in when they are ready for solid foods. Signs include:

- being able to sit relatively unaided in a high chair, with their head steady
- trying to reach out to grab food and put in their mouth
- loss of the “tongue-thrust” reflex - babies who aren’t ready push the food back out with their tongue, so they get more around their face than they do in their mouths.

When you and your baby are ready (from around 6, but not before 4 months of age), offer them small amounts of pureed vegetables, fruit, starchy foods and protein. Never add salt or sugar – they don’t need it.

Once your baby is eating these, you can introduce the following:

Egg (both egg white and yolk)	Choose British Lion-stamped eggs: then you can offer your baby scrambled egg, omelette, soft or hard-boiled egg. You can mash egg into other foods e.g. pureed fruit/vegetables, yoghurt, or baby cereals such as rice. Aim for at least 1 egg over the course of a week. <i>If you are not using British Lion-stamped eggs, only give well-cooked or hard-boiled egg.</i>
Peanut	Never give whole nuts, coarsely-chopped nuts or chunks of peanut butter to children under 5 years of age, as these are a choking risk. You can use smooth peanut butter, “puffed peanut” snacks, or grind whole peanuts to a fine powder. Mix with pureed fruits/vegetables, yoghurt, porridge, baby cereals etc. or add to baby’s milk. Suggested recipe: Mix 1 teaspoon of smooth peanut butter with 1 tablespoon of warm water (boiled) or baby’s milk, or some pureed fruit/vegetable. Aim for a total of 2 level teaspoons per week.

In babies at higher risk of food allergy, studies have shown that starting egg and peanut earlier – from 4 months of age – can help prevent food allergy to egg and peanut.

If part of your family’s diet, aim to introduce egg and peanut by 12 months of age, and **continue to give them to your baby regularly as part of their usual diet** as they get older.

You may also like to introduce some of the following foods if eaten as part of your family’s diet:

Tree nuts	Never give whole nuts or coarsely-chopped nuts to children under 5 years old. Use finely-ground nuts, or a nut butter (e.g. almond butter, cashew butter etc). Mix with pureed fruits/vegetables or add to yoghurt, porridge or baby’s milk.
Cow’s milk	Yoghurt, fromage frais with no added sugar. Or add fresh whole milk to meals e.g. porridge, mashed potato
Wheat	Weetabix or similar breakfast cereal, well-cooked pasta shapes, toast fingers, couscous
Seeds	Hummus (houmous) which contains tahini (sesame) paste; crushed seeds added to yoghurt, porridge or mixed with pureed or mashed fruit/vegetables
Fish, seafood	Pureed, flaked or mashed cooked fish (e.g. cod, haddock, salmon, trout) or seafood (e.g. prawns, crab, mussels)

Only give your baby foods in a form that is age-appropriate, to avoid risk of choking

Include iron-rich foods in your baby’s diet, such as fortified cereals, meat, poultry, fish, cooked egg and pulses/legumes e.g. chickpeas, lentils.

If your baby already has a food allergy

Speak to a healthcare professional so that they can advise you. **You should not feed your baby a food that they are allergic to**, but you can still introduce the other foods mentioned above.

Tips for introducing allergenic foods

Introduce each new food one at a time (don’t give 2 new foods on the same day):

- Start low e.g. ¼-½ teaspoon and then increase *slowly* over the next few days
- Once successfully introduced, continue to give the food to your baby **regularly** as part of their usual diet (e.g. at least once per week)
- If your baby doesn’t seem interested, try again on another day. It is important to go at your baby’s pace.
- More information, ideas and recipes can be found at:
 - www.bda.uk.com/regionsgroups/groups/foodallergy/allergy_prevention_guidance
 - www.nhs.uk/start4life/choosing-first-foods
 - www.bda.uk.com/foodfacts/WeaningYourChild.pdf
- Speak to your health visitor or ask to be referred to a dietitian if you continue to have difficulty feeding your baby these foods.

Some babies will develop a food allergy despite following this advice:

- Always stay with your baby when feeding them, to reduce the risk of choking. If you think your baby may be having an allergic reaction, **stop** giving the food and seek medical advice.
- Allergy testing can help identify *individual* babies at higher risk of food allergy. The benefits of testing in higher risk babies – before giving them egg or peanut to eat – needs to be balanced against the chance that this could delay introduction (e.g. due to waiting for an appointment) and so increase the risk of allergy. You may want to discuss this with your healthcare professional, especially if your baby has bad eczema.

How to spot an allergic reaction

If you think your baby may be having an allergic reaction, **stop** giving the food and seek medical advice.

Symptoms of an allergic reaction are shown on page 1.

It can be easier to spot any symptoms of an allergic reaction to a new food if you:

- Choose a day when your baby is well.
- Introduce each new food slowly, one at a time.

Many foods (e.g. citrus fruit, tomato, strawberries) can irritate the skin and cause a red rash (especially around the mouth) in babies – this is not food allergy and you do not need to avoid the food. Smearing food on to the skin does **not** help identify a possible allergy to that food.

If someone else in the home has a food allergy

Plan how to feed your baby that food, whilst keeping the person with the food allergy safe, for example:

- Only feed your baby the food in a specific place e.g. a high chair, kitchen table
- Wash your baby’s face and hands after giving the food
- Wash all utensils and surfaces that have been in contact with the food. You only need to use normal washing-up liquid and warm water, just as you would if cooking/handling raw meat.
- Check to see if any food might have dropped on to the floor etc.
- Consider whether it is possible to give the food when the person with food allergy is not at home, for example asking other relatives and friends to help if you have a food allergy yourself.

References

Joint SACN/COT Working Group on the timing of introduction of allergenic foods into the infant diet, available at: cot.food.gov.uk/cotwg/joint-sacn/cot-working-group-on-the-timing-of-introduction-of-allergenic-foods-into-the-infant-diet

Disclaimer

This information sheet has been developed and peer reviewed by members of the Food Allergy Specialist Group of the British Dietetic Association and BSACI Paediatric Advisory Group and is based on expert opinion and available published literature at the time of publication. It is not a substitute for medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner. Development of this document is not funded by any commercial sources and is not influenced by commercial organisations. May 2018 (Next review May 2020)