

## If symptoms do not improve during the 4 week trial what happens next?

Your GP, dietitian or health visitor will discuss next steps with you for management of the symptoms.

Sometimes breastfeeding mothers may need to also exclude other foods such as egg from their diets.

A small number of babies may need to switch to an alternative formula called an amino acid formula. You will be advised and guided depending on the individual clinical picture.

## What is the role of the dietitian?

Your dietitian will support you with advice on a milk free diet whether that is for you, if you are breastfeeding, or for your baby at the point of weaning.

The dietitian can also advise on the initial milk reintroduction which confirms diagnosis 4 weeks after management has commenced.

You will be advised on suitable foods to include in the diet whilst avoiding cows' milk to ensure the right balance of nutrients, and on those foods which need to be avoided.

Advice will also be given on use of alternative milks in cooking from the age of 6 months and when and how to reintroduce dairy foods using the 'milk ladder' (see below).

Appointments with the dietitian are usually face to face initially, and telephone reviews may be offered for support between appointments.

## Will my child be able to tolerate cows' milk in the future?

Most children gradually outgrow their allergy. When the time is right, usually at around 1 year old, the dietitian will provide information on how to gradually reintroduce dairy foods to the diet step-wise using a 'milk ladder' starting with small quantities of cooked milk, then progressing to larger quantities and fresh milk. **You should always follow the advice given by your dietitian or doctor and not attempt to reintroduce foods unless advised to do so.**

Further information and downloadable leaflets are available from Allergy UK: [www.allergyuk.org](http://www.allergyuk.org)

*This leaflet has been produced in conjunction with:*

*NELFT's Dietetic and Health Visiting Service; Essex Child and Family Wellbeing Service; NHS Basildon and Thurrock University Hospitals NHS Foundation Trust's Paediatricians and Dietitians; NHS Basildon and Brentwood CCG; and NHS Thurrock CCG.*

# Cows' Milk Allergy (CMA)



## What is this leaflet for?

You have been given this leaflet because your baby is showing symptoms of cows' milk allergy (CMA).

This leaflet will help you to understand the condition, its management and what happens next. You and your baby will be looked after by your GP, health visitor and a dietitian and your baby's growth and development will be monitored throughout.

## What is CMA?

Milk allergy happens when a child's immune system reacts to proteins in milk thinking they may be harmful. This can cause delayed symptoms which develop slowly over several days or, more rarely, an immediate allergic reaction.

## Who gets CMA?

- CMA affects only 2-3% of babies but most will outgrow the allergy and can get back to eating and drinking dairy between 1 and 2 years of age.
- CMA is more common in babies where there is a history of eczema, asthma, hay fever or food allergy in close family members, but can happen when these are not present.
- CMA can affect babies who are exclusively breastfed although this is unusual. More commonly it affects babies being formula fed, or having a combination of formula and breast milk. Or it can happen when a breastfed baby has foods which contain cows' milk introduced to their diet.

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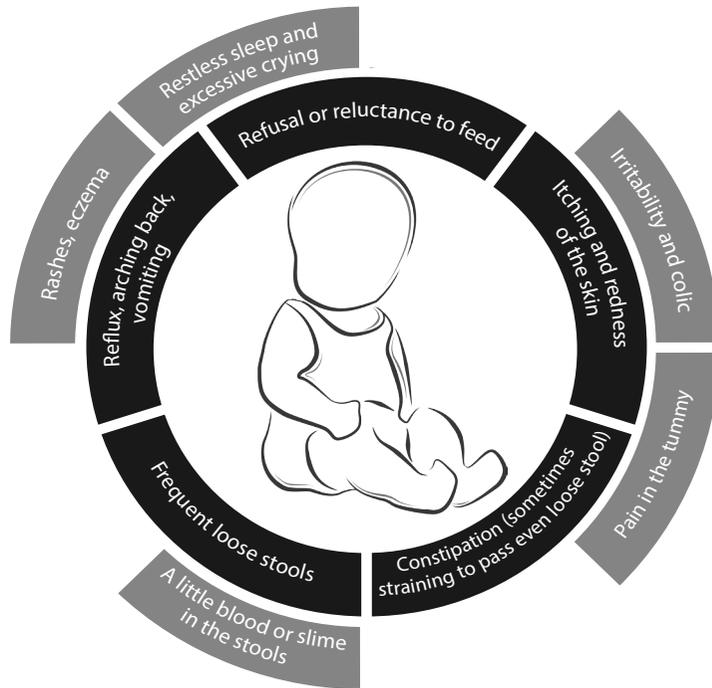
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## What are the symptoms? How is it tested for?

The symptoms listed below may be present – often several symptoms occur together.

Usually, baby will be gaining weight and growing normally. Some symptoms such as reflux, colic or constipation are quite frequently seen in babies who do not have CMA and will improve with time. Your health visitor can advise on how to help these symptoms. Rarely, there is immediate lip swelling, hives or rash.

There are no skin or blood tests for the more common delayed onset CMA. The only reliable test is to take all cows' milk protein out of the diet of a breastfeeding mother or use a formula designed for babies with CMA if formula fed, and see if symptoms improve.



## Does my baby need to go to hospital?

The vast majority of babies are looked after by their GP, health visitor and a dietitian without the need for a referral to the hospital. If it is suspected that your child has multiple food allergies, is experiencing immediate onset symptoms or is not growing as expected a referral will then be made to the hospital.

## What happens now if my baby is exclusively breastfed?

Small amounts of the cows' milk protein eaten by a breastfeeding mother can pass through to breast milk and cause symptoms in babies.

You can continue to breastfeed providing you exclude cows' milk and milk containing foods from your diet. Cows' milk will need to be excluded for a trial period of **up to 4 weeks (minimum 2 weeks)** to allow symptoms to improve. It is

very important that time is given for symptoms to settle. Improvements may not happen straight away.

Your GP or health visitor will refer you to a dietitian for advice, but in the meantime will provide a leaflet with dietary advice for you to follow.

You should also supplement your diet with an over the counter supplement of 1000mg of calcium and 10 micrograms (400 iu) vitamin D. These are readily available to purchase from supermarkets and pharmacies and are not routinely prescribed.

## What happens now if my baby is fed formula? Or fed breast milk and formula?

Your GP will prescribe a suitable formula for your baby if only formula is given, or if symptoms occur when formula is given in addition to breast milk. This prescribed formula (called an extensively hydrolysed formula) contains protein which has been broken down into small enough particles so that it does not cause an allergic reaction. This prescribed formula needs to be used as a trial for a period of **up to 4 weeks (minimum 2 weeks)** to allow symptoms to improve. It is very important that time is given for symptoms to settle. Improvements may not happen straight away. All other formula should be stopped at this time, including lactose free, 'comfort' or anti-reflux formula. Soya formula is not recommended in babies under 6 months old.

If your baby is fed breast milk as well as the prescribed formula and symptoms are still occurring after 2 weeks, you will also need to follow a milk free diet as above. This should be tried for a further **4 weeks (minimum 2 weeks)**.

## If symptoms improve during the 4 week trial what happens next?

For a diagnosis of CMA to be confirmed it is important to know whether the improvement has been due to the exclusion of cows' milk or whether your baby has improved naturally. This is called a milk challenge.

This is done by reintroducing cows' milk to a breastfeeding mother's diet or going back to the formula previously used for formula fed babies. Your GP, health visitor or dietitian will give you advice about how to do this.

If CMA is the cause of the symptoms they will reappear within a few days. You should then restart the prescribed formula, or milk free diet if breastfeeding.

If during the milk challenge your baby remains well, with no symptoms coming back, you can continue with the original cows' milk formula used or continue to consume milk if breastfeeding, as this is not CMA.