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INFANT FEEDING ADVICE

The Australasian Society of Clinical Immunology and Allergy (ASCIA) has developed this advice to provide a summary of information on infant feeding, including:

- KEY POINTS (page 1), explaining why parents may choose not to delay the introduction of potentially "allergenic" foods
- PRACTICAL ADVICE (page 2), which is intended as advice for the general community, but may be of particular interest to parents and families with a history of allergy.

The reason for the continued rise in allergic diseases is complex and not well understood.

Many previous prevention strategies have been ineffective. Although children with a family history of allergy are at higher risk of allergy, many children with no family history of allergy also develop allergy.

This advice is relevant for all families, including those in which other children already have allergies. It takes into account current evidence (as at September 2008).

KEY POINTS

BREASTFEEDING

- It is considered that breastfeeding during the period that foods are first introduced may help prevent the development of allergy to those foods.
- Breastfeeding is recommended for at least 6 months for many reasons and is encouraged for as long as the mother and infant wish to continue.
- Exclusion of allergenic foods from the maternal diet has not been shown to prevent allergies.
- If infant formula is required in the first months of life before solid foods are introduced, there is some evidence that hydrolysed formulas may reduce the risk of allergic disease in high risk infants, with a history of allergy in their parents or siblings. Hydrolysed formula is cow's milk based formula that has been processed to break down most of the proteins which cause symptoms in cow's milk allergic children. In Australia and New Zealand only partially hydrolysed formulas (usually labeled 'HA' or Hypoallergenic) are recommended for allergy prevention. These are different to extensively hydrolyzed formula (EHF), which are only available on prescription for treatment of cow's milk allergic children.
- Infants are unlikely to develop a new allergy to any milk that is already tolerated, if it is given regularly.

INTRODUCTION OF SOLID FOODS

- More research is needed to determine the optimal time to start complementary solid foods. Based on the currently available evidence, many experts across Europe, Australia and North America recommend introducing complementary solid foods from around 4-6 months.
- There is little evidence that delaying the introduction of complementary solid foods beyond 6 months reduces the risk of allergy.
- There have been some suggestions that delaying introduction of foods may actually increase (rather than decrease) allergy, however at this stage this is not proven.
- There is insufficient evidence to support previous advice to specifically delay or avoid potentially allergenic foods (such as egg, peanuts, nuts, wheat, cow's milk and fish) for the prevention of food allergy or eczema. This also applies to infants with siblings who already have allergies to these foods.

RECENT REVIEW PAPERS AND POSITION STATEMENTS ON WHICH THESE KEY POINTS ARE BASED

- Agostoni C, et al. Complementary feeding: a commentary by the ESPGHAN Committee on Nutrition J Pediatr Gastroenterol Nutr 2008; 46:99-110.
- Allen CW, Campbell DE, Kemp AS. Food allergy: Is strict avoidance the only answer? Pediatr Allergy Immunol. 2008 Sep 15.
- Greer FR, et al.. Effects of early nutritional interventions on the development of atopic disease in infants and children: the role of maternal dietary restriction, breastfeeding, timing of introduction of complementary foods, and hydrolyzed formulas. Pediatrics 2008; 121:183-91
- Høst A et al. Dietary prevention of allergic diseases in infants and small children. Pediatr Allergy Immunol. 2008 Feb;19(1):1-4.
- Prescott SL, Pediatr Allergy Immunol 2008 Feb 9; [Epub ahead of print]
- Sicherer SH, Burks AW. Maternal and infant diets for prevention of allergic diseases; Understanding menu changes in 2008. J Allergy Clin Immunol 2008; 122:29-33
- Snijders BE et al Age at first introduction of cow milk products and other food products in relation to infant atopic manifestations in the first 2 years of life: The KOALA Birth Cohort Study. Pediatrics 2008;122:e115–e122

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PRACTICAL ADVICE

BREASTFEED FOR AT LEAST 6 MONTHS:

- There are many nutritional and non-nutritional benefits of breastfeeding for both the mother and infant.
- Breastfeeding is recommended for at least 6 months.
- Breastfeeding can continue beyond 12 months, or for as long as mother and infant wish to continue.

BEFORE 4 MONTHS:

- If complementary infant formula is required before solid foods are started, a standard cow's milk infant formula may be used (where there is no history of allergic disease in the infant's parents or siblings).
- Infants with a history of allergic disease in the infant's parents or siblings may be placed on a partially hydrolysed formula (usually labeled "HA" or hypo-allergenic). These formulas are not suitable for children who have already developed cow's milk allergy.
- Soy milk and other mammalian milks such as goat milk are not recommended for allergy prevention.

FROM 4-6 MONTHS:

- When your child is ready, consider introducing a new food every 2-3 days according to what the family usually eats (regardless of whether the food is thought to be highly allergenic).
- Give one new food at a time so that reactions can be more clearly identified. If a food is tolerated, continue to give this as a part of a varied diet (see Table for examples).
- Breast milk or an appropriate infant formula should remain the main source of milk until 12 months of age, although cow's milk can be used in cooking or with other foods.

FEEDING GUIDE:	EXAMPLES ONLY: **Specific food choices will depend on what the family eats**
Start with smooth, pureed foods	Start with plain cereals (e.g. rice, oats, semolina) then add other foods such as smooth, cooked vegetables and smooth, cooked fruits, pureed meats.
Move on to mashed foods and finger foods	Meats and fish and a wider variety of vegetables. Fresh fruits and wider variety of cereals and legumes. Yoghurt, egg custard and nut pastes.
Move on to a chopped texture. Drinks can be offered from a cup (from a developmental perspective, this is usually around 8 months)	Continue to increase variety as above (e.g. bread, crackers, pasta, wheat based breakfast cereals, cow's milk on cereal, cheese, egg, fish, other seafood, nut products and foods containing nuts).

This is just a guide and is not intended to indicate precisely when specific foods should be offered. You may also refer to local health department infant feeding advice or guidelines.
Take care to prevent choking on food: Grate, cook or mash all hard fruits or vegetables and do not give your infant foods that have small hard pieces such as raw apple, carrot or whole nuts.

NOTE:

- **There are no particular allergenic foods that need to be avoided**
- Some children will develop allergies. If there is any reaction to any food, you should seek medical advice and that food should be avoided until your child is reviewed by a medical practitioner with experience in food allergy.
- Infants who already have eczema are at higher risk of allergies. In general this advice applies to these children, however if your child develops a reaction to a food this should be discussed with your doctor (as above).
- If you are uncertain about this advice you should discuss this with your doctor.

This approach is based on the best evidence that is currently available (as at September 2008). The change from previous guidelines is based on some recent studies suggesting that avoiding allergenic foods does not appear to reduce allergies, and may even be associated with an increased risk. Further research is ongoing in this area.

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