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).

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

- Prescott SL, Pediatr Allergy Immunol 2008 Feb 9; [Epub ahead of print]
- 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
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:

| 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.

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.

**Disclaimer**

This document has been peer reviewed by ASCIA members and represents the available published literature at the time of review. It is important to note that information contained in this document is not intended to replace professional medical advice. Any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

For general advice on allergy visit the ASCIA website [www.allergy.org.au](http://www.allergy.org.au)

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