

Practical advice to aid management of children with cows' milk allergy

Cows' milk allergy (CMA) is the most common food allergy in UK infants and children. Prevalence studies suggest between 1.26% and 3% of children under the age of three have confirmed CMA.^{1,2} By Rachel De Boer, paediatric allergy dietitian

What is CMA?

Symptoms usually present when cows' milk is introduced into the diet, either in formula or at weaning, although it can appear in exclusively breastfed infants, due to cows' milk proteins from the maternal diet passing to the infant.³

There are two main types of CMA:

- IgE-mediated allergy (immediate); symptoms typically occur in minutes and up to two hours after milk exposure.
- Non-IgE-mediated allergy (delayed); symptoms begin two to 48 hours after milk exposure. Some cases of CMA show mixed features of both types.

CMA can be difficult to diagnose as symptoms occur in a variety of systems, highlighting the importance of taking an allergy-focused clinical history. See Oatly.com/hcp/cma/ for common symptoms.⁴

Dietary management

Management involves dietary avoidance of cows' milk. Breast-milk is the gold standard when feeding all infants, including those with CMA.³ For CMA infants symptomatic while exclusively breastfeeding, a maternal exclusion diet is indicated.³ Mothers should be referred to a paediatric dietitian for maternal milk avoidance advice and be prescribed a calcium and vitamin D supplement.⁴

In those infants who are mixed fed or where mothers can't or

choose not to breastfeed, a hypo-allergenic formula is required. The two main types are:

- Extensively hydrolysed formulas (EHF) – the first choice for most formula-fed CMA infants. EHF's are based on hydrolysed milk protein, which is broken down into short peptides and amino acids.
- Amino acid formulas (AAF) – these are used with more severe CMA, for example anaphylaxis, eosinophilic oesophagitis or where an EHF is not tolerated.

CMA infants should be referred to a dietitian for allergy avoidance advice and guidance on dietary adequacy, as cows' milk and dairy products are an important source of energy, protein, calcium and other micronutrients.²⁻⁶ Between 25% and 60% of children with CMA have concurrent soya allergy, further restricting this diet and making advice even more important.²

Practical first line cows' milk avoidance advice

Avoid all foods/fluids containing cows' milk or mammalian milk. A total of 90% of children with CMA are also allergic to mammalian milks such as goats', sheep and buffalo.⁶

1. Lactose-free products contain milk protein and are not suitable for those with CMA.⁶
2. Milk must be clearly labelled on pre-packed manufactured foods. Parents should be advised to read the ingredients label.
3. There are a wide range of shop-bought milk alternatives

based on oats, soya, nuts and coconut. These can be used in cooking, baking and with breakfast cereal from six months, but not as a main drink until 12 to 24 months.⁶

4. In most cases it is recommended that children with CMA have breastmilk or hypoallergenic formula until 24 months.²

⁶ However in some cases, children between 12 and 24 months, who are eating a balanced, varied diet and growing well may be able to move on to shop-bought milk alternatives between 12 and 24 months with dietetic guidance.⁶

Further reading is available at Oatly.com/hcp/cma/

Do you think you've learnt something? Take our quiz to find out! www.oatly.com/cpd

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