



----- Issue 16 / June 2020 -----

WELCOME!

Welcome to our 16th issue of The Oatly Way. These are extremely difficult times and I hope this finds you and your loved ones safe and well.

This issue's feature interview is with Kate Roberts RD. Kate has considerable experience in food allergy and will be answering our questions on cow's milk and soya allergy.

Also in this issue you will find our latest Oatly news including new products and resources, as well as where you will (hopefully!) find us towards the end of 2020. As usual we end this issue with a delicious 100% plant-based recipe for you to try - our Swedish Stroganoff with Red Lentils. We particularly wanted to share this recipe as it is based largely on store cupboard ingredients.

We welcome your feedback, so please do contact me with any comments, including suggestions for future e-newsletter topics.

Lastly, if you would like to find out more about Oatly please visit the Healthcare Professional area of our website [here](#). Take good care over the coming months.

Kate Twine

Kate Twine
Registered Dietitian and
Nutrition Consultant
kate.twine@oatly.com



Kate Roberts RD
Twitter: @kate_roberts_15

Kate works part-time as a Specialist Dietitian at the Newcastle Upon Tyne Hospitals Foundation Trust. She graduated in 2010 from the University of Chester and gained a Masters in Advanced Dietetics from the University of Nottingham in 2019. Her specialisms are paediatrics and food allergy.

Q: How common is having both cow's milk protein allergy (CMPA) and soya allergy in children and do they grow out of it?

30-64% of infants presenting with non-IgE mediated CMPA (delayed) are estimated to have concurrent soya allergy (Bhatia & Greer, 2008) whereas in IgE mediated CMPA (immediate) only 10-14% of infants are also likely to be allergic to soya (Bhatia & Greer, 2008; Zeiger, et al., 1999).

COW'S MILK AND SOYA ALLERGY

Q: How can you tell if a child is allergic to both?

The following symptoms can be present with cow's milk and soya allergy (FASG, 2020; NHS, 2019):

- ♥ Skin reactions including non-specific rashes, itching, flushing or swelling of the lips, face and around the eyes
- ♥ persistent eczema
- ♥ Gastrointestinal problems such as reflux, abdominal pain, vomiting, colic, diarrhoea, blood or mucus in the stools or constipation
- ♥ Congestion, rhinitis-like symptoms or conjunctivitis
- ♥ Food refusal or aversion and faltering growth

**KEEP READING
ON NEXT PAGE!**



BITS & PIECES

- PRODUCT NEWS -

**BEST-SELLING DAIRY
ALTERNATIVE PRODUCT**



It's official! Our Oatly Barista Edition is now the No.1 best-selling dairy alternative product in the UK!*

- NEW PRODUCTS -



More ice cream!

We're excited to share details of new flavours of our luxury 100% plant-based ice cream. We have now added Strawberry and Vanilla flavours, to our existing range of - Chocolate Fudge, Hazelnut Swirl and Salted Caramel.

Which stores are stocking them? Find out [here](#).

Use our ice cream finder to discover where you can find them locally [here](#).

Full nutrition details [here](#).

*IRI, Total Market incl. Ocado, Value Sales, 12 w/e 28.03.20

♥ In rare occasions anaphylaxis which can include: swelling in the mouth or throat, wheezing, cough, shortness of breath, and difficult, noisy breathing.

Any child with suspected IgE mediated (immediate) food allergy should be referred for skin prick testing, specific IgE blood tests, or in some cases a hospital based food challenge.

Non-IgE mediated (delayed) reactions are normally diagnosed from an elimination of the suspected food or foods for at least two weeks and gradual reintroduction to confirm diagnosis. As two allergens are involved it is best to reintroduce them one at a time.

Breastfeeding mothers may need to eliminate cow's milk or soya from their diets and advice from a registered dietitian is particularly important in ensuring she has suitable alternatives to meet her nutritional requirements. See question 4 for further details.

Formula fed infants would need either an extensively hydrolysed formula or an amino acid based formula as an alternative, paediatric dietitians can advise on suitable hypoallergenic formulae or you can refer to local prescribing guidelines or IMAP guidance for further information (GPIFN, 2019).

Q: How would you tackle weaning?

Infants who have an existing food allergy or eczema are more at risk of developing further allergies, therefore new joint guidance from the British Society for Allergy and Clinical Immunology (BSACI) and the Food Allergy Specialist Group (FASG) of the British Dietetic Association (BDA) recommend earlier introduction (around 4 months old) of potentially allergenic foods, especially egg and peanut to help reduce risk. Weaning can start with single vegetables and fruits - blended, mashed, or soft cooked sticks of, for example, parsnip, broccoli,

potato, sweet potato, carrot or pear. Baby rice mixed with the infant's usual 'milk' could also be tried, swiftly followed by introduction of egg then peanut.

Resources for parents:

♥ [BSACI/BDA FASG early feeding guidance for parents.](#)

♥ [Allergy UK Weaning Support Pack.](#)

Q: 4. What are the main nutrients to be aware of and what cow's milk alternatives are recommended?

Cow's milk is an excellent source of protein, fat, calcium and iodine therefore at different ages, if cow's milk is avoided, it is important to consider the nutritional status of the infant or child as well as nutritional requirements of the infant or child and mother if she is breastfeeding.

From 6 months with most infants you can use cow's milk alternatives in cooking but not as a main drink. From 12 months pea drink or oat drink, for example, Oatly Barista Edition or Oatly Whole could be used as a main drink under dietetic supervision. Any cow's milk and soya free, calcium-enriched plant-based alternative to cow's milk can be used over the age of 2.

The recommendations for breastfeeding mothers are 1250mg of calcium daily, which can be particularly challenging to meet on a dairy free diet. It is also important that breastfeeding mothers are taking 10mcg of vitamin D per day. Iodine may also need special consideration if a breastfeeding mum is avoiding fish and eggs for any reason as the EFSA recommended intake is 200mcg daily (EFSA, 2014). Iodine fortified milk alternatives can provide a valuable source and multivitamins and minerals often contain 150mcg.

**KEEP READING
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BITS & PIECES

NEW RESOURCES
AND PUBLICATIONS

WEBINAR:

'Get Real! Tackling Nutritional Misconceptions about Plant-Based Diets' Recording.

Did you miss this webinar with Heather Russell RD and Dr Sarah Bath RD? No worries, we recorded it [here](#).



NEXT WEBINAR

'Worried about dairy-free weaning? A healthcare professional practical guide to complementary feeding without cow's milk'.

Save the date ** **Wednesday 16th September 2020 8-9pm**.**

Free Webinar with Dr Lisa Waddell BSc (Hons) Nutr, RD, PhD, MBDA, Specialist Community Paediatric Allergy Dietitian.

BDA endorsed CPD. Register [here](#).

New Vegan Eatwell Guide

The Vegan Society have produced a Vegan Eatwell Guide. Find it [here](#).

NATURE - SYSTEMATIC REVIEW OF PLANT-BASED DIETS

If you like to keep up-to date with your professional reading, you may find this systematic review by Medawar et al, an interesting read. [Here!](#)

WHERE YOU WILL FIND US:

Tuesday October 14-15th 2020
@ NEC,
Birmingham.
More details [here](#).



Q: Who can help or support?

- ♥ Local paediatric dietitians
- ♥ Paediatric allergy consultants or paediatricians with a special interest in allergy
- ♥ Registered dietitians can contact or join the BDA Food allergy specialist group
- ♥ iMAP guidance which includes algorithms for primary care,

patient factsheets and recipes (GPIFN, 2019)

♥ [BSACI/BDA FASG early feeding guidance for healthcare professionals](#).

♥ Allergy UK has a number of relevant fact sheets including on weaning, a healthcare professionals section and offers free Masterclasses as well as a new weaning guide.

REFERENCES

- 1 Bhatia, J. & Greer, F., 2008. Use of Soy Protein-Based Formulas in Infant Feeding. *Pediatrics*, 121(5), pp. 1062-1068.
- 2 European Food Safety Authority, 2014. Scientific Opinion on Dietary Reference Values for iodine. *EFSA Journal*; 12(5): 3660. 4.
- 3 Food Allergy Specialist Group (FASG), 2020. Cow's Milk and Soya Free Diet for Infants and Children. Birmingham: British Dietetic Association.
- 4 NHS, 2019. What should I do if I think my baby is allergic or intolerant to cows' milk?. [Online] Available [here](#). [Accessed 02 May 2020].
- 5 THE GP INFANT FEEDING NETWORK (UK) (GPIFN), 2019. The Milk Allergy in Primary Care (MAP) Guideline 2019. [Online] Available [here](#). [Accessed 10 May 2020].
- 6 Zeiger, R. et al., 1999. Soy allergy in infants and children with IgE-associated cow's milk allergy. *The Journal of Paediatrics*, 134(5), pp. 614-622.

SWEDISH RED LENTIL STROGANOFF

SERVES 4

INGREDIENTS:

- 2 tbsp rapeseed oil to fry
- 1 large onion, finely chopped
- 1 pinch smoked paprika powder
- ½ tsp oregano
- 3 tbsp chilli ketchup (if you don't have this 2 tablespoons of regular ketchup or tomato puree plus ½ teaspoon chilli powder is just as good)
- 160 g of red lentils (uncooked)
- 1 can chopped tomatoes
- 1 vegetable stock cube with 300 ml boiling water
- 200 ml Oatly Creamy Oat
- Salt and pepper

METHOD:

1. Heat a large frying pan or saucepan with the oil and sauté the onion for 8 minutes.
2. Add the smoked paprika powder, oregano, chilli ketchup, red lentils and tomatoes. Season to taste



CO₂e per meal:
0.74 KG
CO₂e for one portion

Nutrition Information:

Energy (kcal) 262
Fat (g) 10.4
Saturates (g) 0.9
Carbs (g) 28.5
Sugar (g) 9.5
Fibre (g) 4.4
Protein (g) 11.4

and leave it for a few minutes to brown.

3. Add the vegetable stock cube and water and let it simmer for about 15 minutes. Stirring it occasionally to prevent the lentils from sticking to the bottom of the pan.
4. Pour in the Oatly Creamy Oat and simmer for a further 10 minutes until the lentils are soft.
5. Flavour to taste and add more Creamy Oat if you want a slightly thinner consistency.