

Introducing Highly Allergenic Solid Foods

In the past, some experts recommended that dairy products and other highly allergenic foods like eggs, peanuts and fish not be introduced until after an infant's first birthday. More recently, evidence has shown that there is no reason to delay introduction of the highly allergenic foods beyond 4 to 6 months of age. In fact, delaying the introduction of these foods may increase your baby's risk of developing allergies.

Highly allergenic foods can be introduced to your baby between 4 and 6 months of age, just as you would introduce any other solid foods. Highly allergenic foods that you can feed your baby include dairy products such as cheese, yogurt or cow's milk protein formula (not whole cow's milk to drink due to nutrition reasons not related to allergies); egg; soy; wheat; peanut and tree nuts in a form of butter or paste (not whole peanuts or tree nuts due to aspiration risk); and fish and shellfish.

You may want to be cautious when introducing your baby to highly allergenic solid foods. One safe way to do this is to introduce the first tastes at home rather than at day care or a restaurant.

You should introduce highly allergenic foods to your baby after other solid foods have been fed and tolerated, and with the first taste being at home. If no reaction occurs, then you can gradually increase the amount at a rate of one new food every 3 to 5 days.

You should talk to your baby's doctor *before* introducing a highly allergenic food for the following reasons: if your infant has had an allergic reaction to a food or has a known food allergy, or you think your infant has a food allergy; your infant has persistent, moderate to severe atopic dermatitis despite recommended treatment; your infant's sibling has a peanut allergy; or your infant has positive blood tests to food(s).

Your doctor may refer you an allergist/immunologist for evaluation and the development of a personalized plan to introduce solid foods to your infant.



Primary Prevention of Allergic Disease Through Nutritional Interventions. Parent Prevention Guidelines.

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Reference: Fleischer DM, Spergel JM, Assa'ad AH, Pon-gracic. *J Allergy Clin Immunol: In Practice* 2013;1:29-36.

Preventing Allergies: What You Should Know About Your Baby's Nutrition



Any baby can develop an allergy. It has long been known that allergies tend to run in families. If one or both parents or other siblings have an allergic disease, your infant is more likely to develop an allergic condition, such as food allergy or atopic dermatitis (eczema). Your feeding choices can also make a difference in your baby's likelihood of developing allergies, and your child's nutrition can play a critical role in prevention. *Note: The following recommendations for your baby's nutrition and prevention of allergies are not intended for infants who have already developed an allergic condition.*



Your Diet During Pregnancy and Breastfeeding

In the past it was suggested that if you avoided certain foods during pregnancy or breastfeeding, you could reduce your infant's chance of developing allergies. More recent information indicates there is no significant allergy prevention benefits to your baby if you avoid highly allergenic foods during this time. Foods considered highly allergenic include those that most commonly lead to allergy (see table of highly allergenic foods).

Avoiding nutritious, highly allergenic foods such as milk and eggs is not recommended during pregnancy, and the information is not clear at this time whether or not you should avoid peanuts during pregnancy.

Avoiding highly allergenic foods when you are breastfeeding is not recommended. Note: This recommendation does not apply if you or your infant has developed a food allergy.

Although not recommended, if you choose to avoid foods during pregnancy or lactation, dietary counseling with a nutritionist is recommended.

Highly Allergenic Foods
Cow's milk protein
Soy
Eggs
Wheat
Peanut and Tree Nuts
Fish and Shellfish

Breastfeeding Your Baby

Breastfeeding is the ideal way to nourish your infant. Breast milk is least likely to trigger an allergic reaction, it is easy to digest and strengthens an infant's immune system.

Exclusive breastfeeding is recommended for at least 4 months and up to 6 months of age because it may reduce the incidence of atopic dermatitis, early onset of wheezing, and the incidence of cow's milk protein allergy.

Choosing Your Baby's Infant Formula

Breastfeeding is the best way to feed your infant, and there is no benefit of formula over breastfeeding to prevent allergic disease. Some formulas made with intact cow's milk protein and soy protein can lead to the development of atopic dermatitis, while other formulas may reduce the risk of developing it when used in the first 6 months of life. Partially hydrolyzed and extensively hydrolyzed formulas (see Table) may lower your infant's risk of developing atopic dermatitis.



If you choose to or need to formula feed your baby in the first 6 months, a hydrolyzed formula may help prevent the development of atopic dermatitis, especially if you or your children have a history of allergic disease.

Soy formulas and amino acid formulas are not recommended to prevent allergic disease, but they can be used for treatment of established food allergy.

Hydrolyzed Infant Formulas That May Reduce Risk of Atopic Dermatitis	
Partially Hydrolyzed Whey	Gerber® Good Start® Gentle ^{1,4}
Partially Hydrolyzed Casein/Whey	Enfamil® Gentlease ²
Extensively Hydrolyzed Casein	Enfamil® Nutramigen ^{2,4} Enfamil® Pregestimil ² Similac Expert Care® Alimentum ³

1 GERBER GOOD START is a registered trademark of Société des Produits Nestlé S.A., Vevey, Switzerland.
2 ENFAMIL GENTLEASE, NUTRAMIGEN, AND PREGESTIMIL are registered trademarks of Mead Johnson & Company.
3 SIMILAC EXPERT CARE ALIMENTUM is a registered trademark of Abbott Nutrition.
4 NOTE: Only Gerber Good Start and Enfamil Nutramigen have been studied in clinical trials that show that their use may reduce the risk of atopic dermatitis.

Introducing Solid Foods to Your Baby

Experts recommend exclusive breastfeeding until 4 to 6 months of age. The timing of introducing solid foods depends on your baby's developmental readiness. When your baby is able to sit up and has sufficient head and neck control, then he or she may be ready for solid foods. Timing of certain foods should also be considered when introducing solid foods to your baby.

You can introduce solid foods when your baby is between 4 and 6 months of age and developmentally able to sit with support with sufficient head and neck control.

Single ingredient infant foods, such as rice or oat cereal, yellow and orange vegetables (sweet potato, squash and carrots), fruits (apples, pears and bananas), green vegetables, and then age-appropriate stage-based foods with meats can be introduced to your baby one at a time, every 3 to 5 days. This slow process can give you the chance to identify and eliminate any food that may cause an allergic reaction.

You do not need to avoid acidic foods for your baby (acidic foods include berries, tomatoes, citrus fruits and vegetables) that may cause a rash around the mouth. This is due to irritation from the acid in the food, not from an allergic reaction to the food.

