Guidelines for the Appropriate Prescribing of Specialist Paediatric Formulas in Berkshire West Primary Care

[APC ClinDoc 018]

For the latest information on interactions and adverse effects, always consult the latest version of the Summary of Product Characteristics (SPC), which can be found at: http://www.medicines.org.uk/

Approval and Authorisation

<table>
<thead>
<tr>
<th>Approved by</th>
<th>Job Title</th>
<th>Date</th>
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<tbody>
<tr>
<td>Area Prescribing Committee</td>
<td>APC Chair</td>
<td>November 2017</td>
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Change History

<table>
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<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Reason</th>
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<tr>
<td>v.1.0</td>
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</table>

This prescribing guideline remains open to review considering any new evidence

This guideline should only be viewed online and will no longer be valid if printed off or saved locally

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Guidelines for the Appropriate Prescribing of Specialist Paediatric Formulas in Berkshire West Primary Care

November 2017

*Breast feeding is the best form of nutrition for infants and should be encouraged and promoted wherever possible*

Adapted from Berkshire East Guidelines and updated from the 2014 Infant Feeding Guidelines. Edited by Cathy Macqueen, Prescribing Support Dietitian.

For review November 2019
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*Some pages in the Appendix have been left blank to enable easy printing of the Parent Information Leaflets*
Introduction
These guidelines are targeted at infants aged 0-12 months and advise on the appropriate prescribing of specialist infant formulas. Some of the prescribable items mentioned can be used past this age, usually under the recommendation of a paediatrician or paediatric dietitian. However as breast feeding is the best form of nutrition for infants, this should be encouraged and promoted wherever possible.

Purpose of the guidelines
These guidelines aim to provide information for GP’s and Health Visitors on the appropriate prescribing of specialist infant formulas, giving advice on quantities, types of formula, timelines of when to start, review and stop a formula appropriately.

Patient expectations
Please make it explicitly clear to the parents/families and/or carers of these children that the prescriptions of specialist infant formulas are temporary. They will be reviewed and will only be continued if deemed absolutely necessary. Once the child is thriving and no longer needs a prescription formula, the parents/families and/or carers will then be expected to purchase the appropriate formula for the child.

Local referal arrangements
Community Dietitians: GP’s and Health Visitors are able to refer to the local community dietetic department to be seen in a paediatric clinic. Please refer via the Health HUB.

Referral to the allergy paediatrician at RBH is also available - they will then refer to the RBH paediatric dietitians, if not already seen by the community paediatric dietitians.

Dietetic advice
Please be aware that if a patient has been seen by a dietitian they may make recommendations which exceed formula quantity requirements or choose a product which is not detailed as First Line here. In this case, the most cost-effective option will be used. It is hoped that their dietetic expertise and advice will be followed. The dietitian will write and detail why they have made such recommendations if they do not completely fall within this policy. Furthermore, dietitians should be treated as a ‘specialist’ with regards to the continuation of a prescription beyond the age of one year.

Key

<table>
<thead>
<tr>
<th>1st Line</th>
<th>2nd Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most cost effective brand</td>
<td>Use if 1st line is unsuccessful</td>
</tr>
</tbody>
</table>

Should be bought OTC

Acknowledgements
BHFT and RBH Nutrition and Dietetic Departments, CYPIT, Dr Shaik, Dr Philpot, Dr Sanghavi, Dr Edees, Dr Sabire

Flow charts and parent dietary advice sheets adapted, with permission, from ‘Hampshire infant feeding guidelines and appropriate prescribing of specialist infant formulae, 2017’

Useful resources for parents and health professionals
Breastfeeding
www.nhs.uk/start4life/breastfeeding
www.firststepsnutrition.org/index.html
www.nct.org.uk/branches (Breast feeding counsellors directory provided by the NCT)
www.unicef.org.uk/BabyFriendly/ (UNICEF breast feeding and bottle feeding advice and resources)

General infant nutrition
www.healthystart.nhs.uk

For Health professionals
Managing Allergy in primary care cowsmilkallergyguidelines.co.uk/the-map-guideline/
Luyt et al. British Society for Allergy and Clinical Immunology (BSCACI) guideline for the diagnosis and management of cow’s milk allergy, July 2014 www.bsaci.org
NICE Clinical Guideline 116 Food Allergy in Children and Young People. 2011 www.nice.org.uk

Cow’s milk protein allergy
Allergy UK (www.allergyuk.org) or CMPA Support (www.cmpasupport.org.uk)

Faltering Growth
Royal college of Paediatric and Child health website for WHO growth charts and tutorial: www.rcpch.ac.uk/growthcharts
NICE is currently working on a “Recognition and management of faltering growth in children” guideline. The expected publication is October 2017

Pre-term Infants
Bliss website and helpline number: www.bliss.org.uk/ helpline: 0500 618140
Tommys website www.tommys.org/page.aspx?pid=962
Royal college of Paediatric and Child health website for WHO growth charts and tutorial: www.rcpch.ac.uk/growthcharts

Gastro-oesophageal reflux (GOR)
NICE guidance: www.nice.org.uk/guidance/ng1
NICE guidelines NG1: GORD in children and young people. January 2015
Living with reflux website: www.livingwithreflux.org/ includes a Facebook support page
<table>
<thead>
<tr>
<th>Condition</th>
<th>Formula</th>
<th>Age range*</th>
<th>Feed type</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use an eHF formula if mild-moderate symptoms</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; line: Similac® Alimentum</td>
<td>0-12 months</td>
<td>Extensively Hydrolysed (eHF) formula</td>
<td>• Indicated if mild-moderate IgE/nonIgE symptoms</td>
</tr>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line: Nutramigen 1 with LGG® or Aptamil Pepti 1®</td>
<td>0-6 months</td>
<td></td>
<td>• Maintain CMP elimination diet until 9-12 months old, or for 6 months after diagnosis</td>
</tr>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line: Nutramigen 2 with LGG® or Aptamil Pepti 2®</td>
<td>6-12 months</td>
<td></td>
<td>• Confirm diagnosis for mild-moderate symptoms by re-challenging</td>
</tr>
<tr>
<td><strong>Cow’s Milk Protein Allergy (CMPA)</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; line: SMA® Alfamino</td>
<td>0-12 months</td>
<td>Amino Acid (AAF) formula</td>
<td>• Indicated in severe CMPA or when eHF does not resolve symptoms or severe anaphylactic or multiple allergies</td>
</tr>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line: Nutramigan Puramino®</td>
<td></td>
<td></td>
<td>• Refer to secondary care</td>
</tr>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line: Neocate LCP®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Take an allergy focused clinical history</strong></td>
<td>OTC: SMA® Wysoy®</td>
<td>6-12 months</td>
<td>Soya formula. Buy OTC</td>
<td>• For &gt;6 months only and if no allergy to Soya</td>
</tr>
<tr>
<td></td>
<td>OTC: Alpro Soya Growing Up Drink®</td>
<td>12+ months</td>
<td>Soya formula. Buy OTC</td>
<td></td>
</tr>
<tr>
<td><strong>Faltering growth</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; line: Similac® High Energy</td>
<td>0-18 months</td>
<td>Energy dense ready-to-use formula</td>
<td>• Ensure regular weight/length/head circumference monitoring</td>
</tr>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line: Infatrini® or SMA® PRO High Energy</td>
<td>0-18 months</td>
<td>Energy dense ready-to-use formula</td>
<td>• Encourage Food First &amp; fortification if weaned and over 6 months</td>
</tr>
<tr>
<td><strong>Pre-term Infants</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; line: Nutriprem 2 Powder®</td>
<td>0-6 months</td>
<td>Use Prem feed Powder not ready-to-drink formula</td>
<td>• Follow hospital discharge instruction</td>
</tr>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line: SMA® PRO Gold Prem 2 Powder</td>
<td>0-6 months</td>
<td>Use Prem feed Powder not ready-to-drink formula</td>
<td>• Ensure review at 6 months corrected age</td>
</tr>
<tr>
<td><strong>Gastro-Oesophageal Reflux (GOR)</strong></td>
<td>OTC: SMA® PRO Anti-reflux or Enfamil A.R.®(OTC)</td>
<td>0-12 months</td>
<td>Thickening formulae Buy OTC</td>
<td>• Ensure regular weight/length/head circumference monitoring</td>
</tr>
<tr>
<td></td>
<td>OTC: Instant Carobel®</td>
<td>From birth</td>
<td>Thickening agent Buy OTC</td>
<td>• Follow feed preparation instructions carefully</td>
</tr>
<tr>
<td><strong>Secondary Lactose Intolerance</strong></td>
<td>OTC: Enfamil O-Lac with Lipil® or OTC: SMA LF®</td>
<td>0-12 months</td>
<td>Lactose free formula Buy OTC</td>
<td>• Do not use in conjunction with separate thickeners, or medication such as Infant Gaviscon, antacids or proton pump inhibitors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Not to be used with GOR formulae</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Contains carob seed flour - may cause loose stools</td>
</tr>
</tbody>
</table>

**KEY:** Prescribe as First Line
Prescribe as Second Line if First Line not an option or not working
Available over the counter (OTC)

- **Neocate Spoon®** is a weaning product usually for children with multiple allergies and should only be prescribed under the supervision of a paediatric dietitian or Paediatrician.
- Neocate Advance® and Neocate Active® are usually for children with multiple allergies and/or tube fed.
- These and other specialised feeds may be prescribed by the paediatrician or paediatric dietitian.
Guidance on feed volumes to prescribe for infants (always be guided by the baby's appetite and feed responsively)

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Suggested volume per day</th>
<th>Equivalent in Tins per 4 weeks (approx.)</th>
<th>Royal College Nursing feed guidance per day</th>
<th>Guided by babies appetite and feed responsively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 2 weeks</td>
<td>70g 6-8 feeds 60-70mls/feed</td>
<td>150ml/kg 420-560mls</td>
<td>5-6 x 400g</td>
<td></td>
</tr>
<tr>
<td>2 weeks - 2 months</td>
<td>70g 5-6 feeds 105mls/feed</td>
<td>120ml/kg 525-735mls</td>
<td>5-6 x 400g</td>
<td></td>
</tr>
<tr>
<td>2 months - 3 months</td>
<td>70g 5 feeds 210mls/feed</td>
<td>150ml/kg 525-1080mls</td>
<td>10 x 400g or 3 x 900g or 7 x 400g</td>
<td></td>
</tr>
<tr>
<td>3 months - 4 months</td>
<td>70g 4 feeds 180mls/feed</td>
<td>90ml/kg 360-1050mls</td>
<td>10 x 400g or 3 x 900g</td>
<td></td>
</tr>
<tr>
<td>4 months - 5 months</td>
<td>70g 3 feeds 120mls/feed</td>
<td>60ml/kg 180-400mls</td>
<td>6 x 400g</td>
<td></td>
</tr>
<tr>
<td>5 months - 6 months</td>
<td>70g 3 feeds 120mls/feed</td>
<td>60ml/kg 180-400mls</td>
<td>6 x 400g</td>
<td></td>
</tr>
<tr>
<td>6 months - 1 year</td>
<td>70g 2 feeds 150mls/feed</td>
<td>90ml/kg 240-600mls</td>
<td>7 x 400g</td>
<td></td>
</tr>
</tbody>
</table>

If a child is under the paediatric dietitian, they will provide guidance on appropriate monthly prescription quantity.

<table>
<thead>
<tr>
<th>Age Category</th>
<th>General guidance on feeding after 6 months, for average weight children</th>
<th>Specialised infant formulae are for age 0-12 months unless advised to continue by a paediatrician or paediatric dietitian</th>
<th>Specialise infant formulae are for age 0-12 months unless advised to continue by a paediatrician or paediatric dietitian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months</td>
<td>6-11 months</td>
<td>1.5-2.5 months, 4 feeds, 150mls/feed</td>
<td>1.5-2.5 months, 4 feeds, 150mls/feed</td>
</tr>
<tr>
<td>2-2.5 years</td>
<td>2-3 years</td>
<td>2-3 years, 3 feeds, 150mls/feed</td>
<td>2-3 years, 3 feeds, 150mls/feed</td>
</tr>
</tbody>
</table>

Guidance on feed volumes to prescribe for infants (always be guided by the baby's appetite and feed responsively).
Dos and Don’ts of prescribing specialist infant formulae

Do:

- Promote & encourage breastfeeding if clinically safe / mother is in agreement.
- Refer where appropriate to secondary or specialist care - see advice for each condition.
- **Seek prescribing advice if needed in primary care or paediatric dietitians**
- Prescribe only **2 tins initially** until compliance/tolerance is established.
- Follow the manufacturer’s advice re safe storage once feed mixed or opened.
- Check any formula prescribed is appropriate for the age of the infant.
- Check the amount of formula prescribed is appropriate for the age of the infant and /or refer to the most recent correspondence from the paediatric dietitian.
- Review prescriptions regularly to ensure quantity is still age and weight appropriate.
- Review any prescription (and seek guidance from a paediatric dietitian if appropriate) where:
  - The child is over 2 years old
  - The formula has been prescribed for more than 1 year
  - Greater amounts of formula are being prescribed than would be expected
  - The patient is prescribed a formula for CMPA but able to drink cow’s milk

Don’t:

- **X** Prescribe lactose free formula (Enfamil O-Lac®, SMA LF®) for infants with CMPA.
- **X** Prescribe low lactose /lactose free formula in children with secondary lactose intolerance over 1 year who previously tolerated cow’s milk (they can use Lactofree whole® or Alpro growing up drink® from supermarkets).
- **X** Prescribe soya formula (SMA Wysoy®) for those **under 6 months** with CMPA or secondary lactose intolerance due to high phyto-oestrogen content.
- **X** Suggest other mammalian milks (goat’s, sheep’s…) for those with CMPA or secondary lactose intolerance.
- **X** Suggest rice milk for those under 5 years due to high arsenic content.
- **X** Prescribe thickening formulae (SMA® PRO Anti-reflux, Enfamil A.R.®,) with separate thickeners or in conjunction with medication such as Infant Gaviscon®, antacids or proton pump inhibitors.
- **X** Suggest Infant Gaviscon® > 6 times/24 hours or if the infant has diarrhoea/fever, (due to sodium content).
- **X** Prescribe Nutriprem 2 Liquid® or SMA® PRO Gold Prem 2 Liquid unless there is a clinical need and don’t prescribe after 6 months of corrected age **unless** advised by a specialist.
Cow’s Milk Protein Allergy (CMPA)

Breastfeeding is the optimal way to feed a baby with CMPA, with, if required, individualised maternal elimination of all cow’s milk protein foods (+ Calcium and vitamin D supplementation).

- CMPA commonly appear when a formula is introduced in a usually breastfed baby. Therefore returning to exclusive breastfeeding should be discussed and encouraged at the earliest opportunity.
- Only about 10% of babies with CMPA will require an Amino Acid Formula (AAF) (Murano et al., 2014). The remainder should tolerate an Extensively Hydrolysed Formula (eHF).
- 10-14% of infant with CMPA will also react to soya proteins (and up to 50% of those with non-IgE mediated CMPA). But because of better palatability soya formula is worth considering in babies >6months.

Top Tips

- eHF and AAF have an unpleasant taste and smell which is better tolerated by younger babies. Unless there is anaphylaxis, advise to introduce the new formula gradually by mixing with the usual formula in increasing quantities until the transition is complete. Serving in a closed cup or bottle or with a straw (depending on age) may improve tolerance.
- If IgE is suspected then all Cow’s Milk Protein (CMP) should be removed immediately from the diet.
- Warn parents that it is quite common for babies to develop green stools on these formulae.
- Prescribe only 2 tins initially until compliance/tolerance is established. Only then give a monthly repeat prescription. Infants who do not tolerate First Line formula after perseverance, may tolerate another comparable formula i.e. Second Line.

Review and discontinuation of treatment (and challenge with cow’s milk)

- 60-75% of children outgrow CMPA by 2 years of age, rising to 85-90% of children at 3 years of age (EuroPrevall study, 2012).
- Review prescriptions regularly to check that the formula is appropriate for the child’s age.
- Quantities of formula required will change with age (see p.6). Refer to the most recent correspondence or contact your local paediatric dietetic department for clarification.
- Trial of reintroduction of cow’s milk – should be supervised by a paediatric dietitian or Paediatrician if symptoms are severe (see appendix - parent dietary advice sheets).
- Prescriptions can be stopped when the child has outgrown the allergy, or on advice of the dietitian/paediatrician.

Review the need for the prescription if:

- The child is over 2 years of age
- The formula been prescribed for more than 1 year
- The patient is prescribed more than the suggested formula quantities according to their age/weight
- The patient is able to drink cow’s milk or eats yoghurts/cheese

When to refer to the paediatric dietitian:

- When the patient is diagnosed with CMPA
- Children with multiple and/or severe allergies or faltering growth may require prescriptions beyond 2 years. This should always be on the advice of the paediatric dietitian.
**Diagnosing CMPA** (see also: NICE Guideline 116, MAP and BSACI)

**Taking an Allergy-focused clinical history** (adapted from Skypala et al. 2015)

- Personal/family history of atopic disease (asthma, eczema or allergic rhinitis) & food allergy
- Presenting symptoms and other symptoms that may be associated with CMPA (see below)
  - Age at first onset and speed of onset
  - Duration, severity and frequency
  - Setting of reaction (home, outside…)
  - Reproducibility of symptoms on repeated exposure
- Feeding history
  - Breast fed/formula fed (if breastfed, consider mother’s diet)
  - Age of introduction to solids
  - If relevant, details of any foods avoided and why
- Details of previous treatment, including medication for presenting symptoms and response to this
- Any response to the elimination and reintroduction of foods

### Determining type of CMPA from reported symptoms

<table>
<thead>
<tr>
<th>DELAYED onset</th>
<th>ACUTE onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Within 2 - 72 hours of ingestion of CMP</td>
<td>▪ Mostly within minutes of ingestion of CMP</td>
</tr>
<tr>
<td>▪ Infant is formula fed, exclusively breast-fed or at the onset of mixed feeding</td>
<td>▪ Often infant is formula fed or at the onset of mixed feeding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mild-moderate non IgE</strong></th>
<th><strong>Severe non IgE</strong></th>
<th><strong>Mild-moderate IgE</strong></th>
<th><strong>Severe IgE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AND</strong> one or more of these symptoms</td>
<td>AND one or more of these SEVERE persisting symptoms</td>
<td>AND one or more of these symptoms</td>
<td><strong>AND ANAPHYLAXIS requiring emergency treatment &amp; admission</strong></td>
</tr>
</tbody>
</table>

**Gut**

- Colic
- Vomiting - Reflux - GORD
- Food refusal or aversion
- Loose or frequent stools
- Perianal redness
- Constipation
- Abdominal discomfort
- Blood and/or mucus in stools in an otherwise well infant
- Vomiting
- Diarrhoea
- Abdominal pain
- Food refusal or food aversion
- Significant blood and/or mucus in stools
- Irregular or uncomfortable stools

**Skin**

- Pruritus
- Erythema
- Significant atopic eczema
- Severe atopic eczema
- +/- faltering growth
- Acute pruritus
- Erythema
- Urticaria
- Angioedema
- Acute flaring of atopic eczema

**Respiratory**

- Catarrhal airway symptoms (usually in combination with one or more of the above symptoms)
- Acute rhinitis and/or conjunctivitis
- Immediate reaction with severe respiratory and/or cardiovascular system signs and symptoms
Flowchart for managing Cow’s Milk Protein Allergy (CMPA)

**Symptoms suggest CMPA**
*Take allergy focused clinical history*

**SEVERE Symptoms** and /or
**Acute reaction** (usually IgE mediated)

**Red Flags for when to start AAH**
- Anaphylaxis
- Infants symptomatic on an eHF
- Infants symptomatic on breast milk
- Severe GI Symptoms
- Faltering growth
- Multiple food allergy
- Severe eczema

**Referral to Secondary care**
- Maternal milk free diet and/or
- Suitable Amino Acid Formula (AAH) e.g. SMA® Alfamino®
- Milk free diet if started solids

**MILD to MODERATE symptoms**
- Delayed onset of symptoms (usually non-IgE mediated)
- If IgE mediated discuss with Paediatrician regarding referral

**TRIAL of Extensively Hydrolysed Formula (eHF)**
- Prescribe 2 tins of: Similac® Alimentum
- Advise cow’s milk free diet if started solids Give diet sheet, see appendix

**TRIAL of Maternal strict cow’s milk free diet**
- Give diet sheet, see appendix

**Review after 2 weeks**

- Exclusively breast fed
  - If at all possible, encourage exclusive breastfeeding
- Formula Fed or mixed feeding

**Wildcards**

- Anaphylaxis
- Infants symptomatic on an eHF
- Infants symptomatic on breast milk
- Severe GI Symptoms
- Faltering growth
- Multiple food allergy
- Severe eczema

**Some improvement**
- Consider extending trial an extra 2 weeks
- Check for severe non IgE symptoms
- If Similac® Alimentum not accepted
  - Consider alternative eHF (see formulary)
  - OR trial of soya formula if > 6 months
  - Advise Wysoy® OTC
  - If no clear improvement, consider trial of Amino Acid formula: SMA® Alfamino®

**Improvement**
- CONFIRM diagnosis with Home Milk Challenge
  - Give diet sheet, see appendix

**NO improvement**
- Consider alternative diagnosis
  - or
  - Consider referring to, or seek advice from secondary care

**Some infants with CMPA will react to soya proteins so they will also need to avoid soya milk/products.**

**If exclusively breast fed, egg avoidance may also need to be considered if atopic eczema or more severe gut symptoms are present**

**CMPA diagnosed**

**Formula fed**
- Prescribe tolerated formula or OTC
- Wysoy® if >6 months
- Alpro Soya Growing Up Drink if >1 year

**Breast fed**
- OTC 1000mg calcium + 10µg Vit D daily
- Prescribe tolerated top-up formula if required

**Refer to paediatric dietitian**

- Continue CMP free diet

**Some improvement**
- YES
  - Consider extending trial an extra 2 weeks
  - Check for severe non IgE symptoms
- No improvement
  - NO

- Some improvement
  - YES
  - Consider extending trial an extra 2 weeks
  - Check for severe non IgE symptoms
- Some infants with CMPA will react to soya proteins so they will also need to avoid soya milk/products.
- If exclusively breast fed, egg avoidance may also need to be considered if atopic eczema or more severe gut symptoms are present

**Not CMPA**
- STOP cow’s milk free diet

- Some infants with CMPA will react to soya proteins so they will also need to avoid soya milk/products.
- If exclusively breast fed, egg avoidance may also need to be considered if atopic eczema or more severe gut symptoms are present

**Some infants with CMPA will react to soya proteins so they will also need to avoid soya milk/products.**

**If exclusively breast fed, egg avoidance may also need to be considered if atopic eczema or more severe gut symptoms are present**

- Continue strict cow’s milk free diet until about 1 year of age, or for 6 months after diagnosis (NICE, 2011)
- A planned Reintroduction or Supervised challenge is then needed to determine if tolerance has been acquired.
Flowchart for managing Faltering Growth under 2 years

**Faltering growth** can be defined as any of the following (DoH, 2009; Shaw 2015):
- No catch up from low birth weight
- Weight falling through 2 centiles space
- Weight or length falls below 0.4\(^{th}\) centile
- Crossing down through length / height centiles as well as weight
- Weight is 2 centiles or more below length centile (low weight for height)
- Height as well as weight need to be measured in order to properly interpret changes in the later.  
  *NB Ensure UK WHO growth charts are used*

**Is there an underlying condition that has been detected AND treated?**  
Acute/chronic illness, Safeguarding issue, Feeding issues, GORD, Coeliac disease...?

- **NO**  
  ① **Check feeding pattern:**  
  Latching, frequency, duration and tolerance, feed preparation, volumes taken...  
  Solid foods intake, timing, quantity and frequency (if ≥6m)

  If simple measures above not successful  
  **Is infant weaned?**  
  - **NO**  
  - **YES**

  • Encourage **Food First** and **Food Fortification** advice (see appendix Introducing High Energy Solids)
  • Ideally, **Health Visitor** to observe mealtimes
  • **Give simple advice** around managing any behavioural aspects (see appendix ‘What can I do if my child won’t eat’ leaflet)

  If simple measures above not successful  
  **Refer to paediatrician**

- **Yes**  
  **Referral to paediatrician**

  ② **Consider**  
  High Calorie infant formula:  
  Similac® High Energy  
  or Infatrini®  
  or SMA® PRO High Energy  
  Suitable for infants up to 18 months or 8kg

  ③ **Referral to paediatrician**  
  and/or paediatric dietitian

  **Monitor growth**  
  (length and weight)

  **STOP feed when weight is 1 centile deviation above length to maximise growth and minimise excessive weight gain**

  ④ **Use clinical judgement**
Flowchart for managing suspected Gastro-Oesophageal Reflux (GOR)

Infant presents with suspected GOR (A history of effortless vomiting after meals)

Are Red flag symptoms present? [YES/NO]

Red Flags: Bile-stained vomit
- Frequent forceful (projectile) vomiting
- Blood in vomit or stool
- Faltering growth
- Abdominal distention / chronic diarrhoea
- Unwell child / fever / altered responsiveness
- Bulging fontanelle / rapidly increasing head circumference
- Late onset (after 6 months)

Are Red flag symptoms present? [YES/NO]

Is infant showing marked distress? [YES/NO]

Breastfed

Breastfeeding assessment by trained professional

Formula fed

1. Review feeding history, making up of formula, positioning...
2. Reduce feed volumes if excessive for infant’s weight (>150mls/kg/day)
3. Offer trial of smaller, more frequent feeds (6-7 feeds/24hrs is the norm)
4. Offer trial of thickened formula
   - Advise parent to purchase OTC
     - Thickening agent to add to usual formula or breast milk (e.g. Instant Carobel®)
     - Or thickening formula
       (Needs to be made up with cool water)
       SMA® PRO Anti-reflux (potato starch)
       Or Enfamil A.R.® (rice starch)

Review after 2-4 weeks. Symptoms improved/vomiting resolves

DO NOT use thickening formula with Infant Gaviscon or other thickening agents

If using, STOP pre-thickened /thickening formulae or thickener
- Trial with Infant Gaviscon plus normal formula for 1-2 weeks
  If medication successful, try stopping at regular intervals for recovery assessment, as GOR usually resolves spontaneously
  STOP medication if symptoms don’t improve

OR If non-IgE mediated CMPA suspected,
  - consider CMP elimination diet – see CMPA flowchart

If faltering growth or other red flags - refer to paediatrician

No

Yes

Return to normal formula
Flowchart for managing PRE-TERM INFANTS

**Breastmilk** is the preferred milk for these babies but if needed, infants will have pre-term formula commenced in hospital before discharge. These formulae should not be used in primary care to promote weight gain in patients other than babies born prematurely.

Babies born <37 weeks gestation, weighing <2.5kg at birth may be initiated on pre-term feed:
- **Nutriprem 2 Powder**
- **SMA® PRO Gold Prem 2 powder**
  - Secondary care initiation only
  - Prescribing to be continued by GP in primary care until infant reaches 6 months corrected age

**Growth** (weight, length & head circumference) should be monitored by the Health Visitor on a monthly basis using UK WHO growth charts.

Is there a concern with growth?  
*(See faltering growth flowchart)*

**NO**

**YES**

**Use up to 6 months corrected age.**
- **Stop** Pre-term feed if child is weaned or has excessive weight gain determined by growth charts. Change to a standard OTC formula

**Refer to/Alert the paediatric team / paediatric dietitian**
- They may recommend the use of the pre-term formula until sufficient catch up growth is achieved

**6 months Corrected Age**

= 6 months + number of weeks premature added on
Flowchart for managing SECONDARY LACTOSE INTOLERANCE

**Infant presenting with the following symptoms for 2 weeks or longer?**
- Loose and frequent (occ. green) stools
- Increased (explosive) wind
- Abdominal bloating

Usually following an infectious gastrointestinal illness

0 - 12 months

Bottle Fed

Advises
- **Lactose free** milk available from supermarkets e.g. Arla Lactofree whole®, Alpro Soya Growing Up Drink®
- **Lactose free diet** (see diet sheet in appendix)

Review after 2 weeks - symptoms improved?

- **YES**
- **NO**

Lactose intolerance confirmed
- Continue lactose free formula / milk and diet for up to 8 weeks to allow resolution of symptoms
- Then advise parents to **slowly re-introduce** standard infant formula/milk into the diet

Review - have symptoms returned on commencement of standard infant formula/milk?

- **YES**
- **NO**

Breastfed

Advises
- **Lactose free** formula to be purchased OTC from supermarket or pharmacy e.g. SMA LF® or Enfamil O-Lac®
- **Lactose free diet if weaned** (see diet sheet in appendix)

Consider alternative diagnosis e.g. cow’s milk protein allergy (CMPA).

Review after 2 weeks - symptoms improved?

- **NO**

Consider lactose free formula / milk if ≤ 12m

Refer to dietitian/seek dietetic advice if concerned

>12 months

Advise
- **Lactose free** milk available from supermarkets e.g. Arla Lactofree whole®, Alpro Soya Growing Up Drink®
- **Lactose free diet** (see diet sheet in appendix)

Return to lactose free formula / milk if ≤ 12m

Refer to dietitian/seek dietetic advice if concerned

No further action needed

**Secondary** lactose intolerance is usually acute and resolves fairly quickly.

**Primary** lactose intolerance is rare and does not usually present until later childhood or adulthood.
References

Cow’s milk protein allergy:


World Allergy Organisation DRACMA guidelines 2010 (Diagnosis and Rationale Against Cow’s Milk Allergy) http://www.bsaci.org/Guidelines/DRACMAguidelines1.pdf

Host A. Frequency of cow’s milk allergy in childhood. 2002; Ann Allergy Immunol;89 (suppl): 33-37.


Skypala IJ, Venter C, et al and the Allergy-focussed Diet History Task Force of the European Academy of Allergy and Clinical Immunology. The development of a standardised diet history tool to support the diagnosis of food allergy. Clin Transl Allergy. 2015; 5:7

Taylor et al. May 2012. Cost-effectiveness of using an extensively hydrolysed formula compared to an amino acid formula as first-line treatment for cow milk allergy in the UK. Paediatric Allergy


Venter et al. Better recognition, diagnosis and management of non-IgE-mediated cow’s milk allergy in infancy: iMAP - an international interpretation of the MAP (Milk Allergy in Primary Care) guideline. Clinical and Translational Allergy 2017, 7:26

Soya formula:


Rice milk:

Gastro-oesophageal reflux Disease:


Secondary Lactose Intolerance:


General:


Infant milks in the UK: A practical guide for health professionals. February 2017. First Steps Nutrition Trust. By Dr Helen Crawley and Susan Westland

MIMS December 2016

National Institute for Health and Care Excellence. CG37: Postnatal care up to 8 weeks after birth, 2006


K. Grimshaw et al. The introduction of complementary foods and the relationship to food allergy. Paediatrics 2013: 132(6)

A. Høst. Frequency of Cow’s Milk Allergy in Childhood. Ann All Asthma & Imm 2002: 89 (suppl 6) pp33-37
Referral Pathway – Paediatric Dietetics

Referral for Paediatric Dietetic Support

Hub

Referral from Primary Health Care
- GP, Health Visitor, Nursery Nurse

Referral from Community Paediatricians, Community Children’s Nursing, Special School Nurses or CYPIT MDT for children with complex needs

CYPIT HUB

Referral from Acute Paediatricians or Dietetic team or SLT other HCP

General Paediatric Dietetic clinics for Short Term Interventions

Children with or without LD at mainstream school or Preschool age requiring Dietetic outpatient interventions

NB – Self referrals are not accepted

Those with increasing complexity requiring enteral feeding or domiciliary service

Discuss with CYPIT Dietitians

Children with Complex needs/LD who are:
- Enteral fed – nasogastric feeding tube or Gastrostomy
- Attending special schools:
  - East: Arborvale, Priory, Manor Green, Kennel Lane
  - West: Castle, Addington, Avenue, Brookfields

NB – Self referral are not accepted

CYPIT Dietetic Team – Children with Additional Needs
Triage: Serena Burgin and Suzi Burch by email. Tel: 0300 3654000

Acute Paediatric Dietetic outpatient clinic

MDT Acute Feeding Clinic
Definitive intervention
Appendix – Parent Information Leaflets

This page has been left Blank to enable easy printing of the Parent Information Leaflets.
Home milk challenge to confirm diagnosis of Non-IgE Cow’s Milk Protein Allergy (CMPA) – for children with Mild to Moderate symptoms

It is important to try your baby with milk now. This is to make sure that any improvement in their symptoms is due to cutting out milk (and they have a cow’s milk protein allergy) rather than for any other reason.

- Do NOT start this challenge if your child has had a positive blood or skin test (Specific IgE or Skin Prick Test) to cow’s milk.
- Do NOT start this challenge if your child is unwell e.g.
  - Has a cold or any other lung infections or breathing problems
  - Any tummy/bowel problems e.g. tummy ache or loose nappies
  - Any ‘teething’ signs that are upsetting your child
  - Eczema has flared up
- Do NOT start this challenge if your child is having any medication which may upset their tummy e.g. antibiotics.
- Do NOT try any other new foods during this challenge.
- Keep a record of what your child eats and drinks during this challenge and record any symptoms e.g. vomiting, bowel changes, rashes or any changes in their eczema.

**Home challenge for a breastfed baby**
Start eating cow’s milk and dairy products to the same levels as before starting on the diet. You do not need to do this gradually.

**Home challenge for a formula fed baby** (Those taking only formula or with some breast feeds):

Follow the advice in the table:
Each day increase the amount of cow’s milk formula given in baby’s FIRST bottle of the day.

<table>
<thead>
<tr>
<th>Days</th>
<th>Volume of boiled water</th>
<th>Scoops Cow’s milk formula</th>
<th>Scoops Hypoallergenic formula (eHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>150mls</td>
<td>1 in 1st bottle of day</td>
<td>4 in 1st bottle of day</td>
</tr>
<tr>
<td>2</td>
<td>150mls</td>
<td>2 in 1st bottle of day</td>
<td>3 in 1st bottle of day</td>
</tr>
<tr>
<td>3</td>
<td>150mls</td>
<td>3 in 1st bottle of day</td>
<td>2 in 1st bottle of day</td>
</tr>
<tr>
<td>4</td>
<td>150mls</td>
<td>4 in 1st bottle of day</td>
<td>1 in 1st bottle of day</td>
</tr>
<tr>
<td>5</td>
<td>150mls</td>
<td>5 in 1st bottle of day</td>
<td>0 in 1st bottle of day</td>
</tr>
</tbody>
</table>

If you have not seen any symptoms in your child by day 5 (when you have completely replaced one bottle a day with cow’s milk formula) you can try giving cow’s milk formula for each feed they would usually have from a bottle.

**All babies**
- If you see any obvious symptoms e.g. sickness, tummy pains, a rash, itching, STOP the challenge. Go back to the previous formula baby was taking or to a milk free diet if you are breastfeeding, and inform your GP.
- If you do not see any symptoms within 2 weeks of your baby having more than 150mls cow’s milk formula per day, or you having resumed your normal diet containing milk, then your baby does not have a cow’s milk protein allergy.
This page has been left Blank to enable easy printing of the Parent Information Leaflets.
Dietary advice for Breastfeeding Mothers with babies who have a Cow’s Milk Protein Allergy

This dietary advice sheet gives some general information to help you make the recommended changes to your diet and should only be followed for 4 weeks after which you should be reviewed. If you have any other allergies or medical conditions, please seek further advice.

It is important for you to have a cows’ milk free diet. You will need to avoid cows’ milk, yoghurts, cheese and any product that contains these. Other mammalian milks such as goat and sheep are not suitable alternatives as your baby is also likely to react to these.

Do not worry about traces of soya in products such as bread and meat sausages, but do not use soya milk, yoghurt or custard, as a replacement for cows’ milk products. This is because your baby may react to the soya as it has a very similar protein shape to cows’ milk protein. Soya can often be tried later to see if your baby reacts to it or not, but it is best not to include it for the first 4-6 weeks.

Suitable alternatives to cows’ milk and soya milk:
*Calcium enriched oat milk, calcium enriched good hemp milk, and calcium enriched coconut, almond or hazelnut milks

<table>
<thead>
<tr>
<th>Cow’s milk protein free foods</th>
<th>Foods to Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fruit &amp; vegetables</strong></td>
<td>All plain fruit and vegetables, Vegetables mixed with sauces made from milk alternatives, Fruit mixed with oat cream, custard made from custard powder and milk alternatives</td>
</tr>
<tr>
<td></td>
<td>Vegetables mixed with sauces made from cows’ milk, Fruit mixed with ordinary yoghurt, custard, cream, ice-cream or soya alternatives</td>
</tr>
<tr>
<td><strong>Meat, fish, eggs &amp; pulses</strong></td>
<td>Plain meat, fish, eggs and pulses or in a sauce made with milk alternatives</td>
</tr>
<tr>
<td></td>
<td>Meat, fish, eggs and pulses in a sauce made from cows’ milk, Meat/fish in breadcrumbs, batter or pastry</td>
</tr>
<tr>
<td><strong>Dairy products</strong></td>
<td>*Calcium enriched milk alternatives can be used in cooking as well as in cereals</td>
</tr>
<tr>
<td></td>
<td>Cows’, goats’ and sheep’s milk and all products made from these, Hard and soft cheese, such as cheese spreads, cream cheese and mozzarella, Ice cream, cream and ordinary yoghurts</td>
</tr>
<tr>
<td><strong>Starchy food and cereals</strong></td>
<td>Bread (if no milk added), Flour, Pasta in milk free sauces, Rice, Breakfast cereals (if no milk in ingredients) with milk alternatives</td>
</tr>
<tr>
<td></td>
<td>Bread with milk in ingredients list, Pasta in cows’ milk based sauces, Breakfast cereals which contain milk</td>
</tr>
<tr>
<td><strong>Other foods</strong></td>
<td>Fats and oils, lard, suet, dripping, Dairy-free margarine e.g. Pure™, Vitalite™, Tomor™, Flora dairy-free, supermarket own dairy-free brand, Kosher and vegan spreads, ‘Free-from’ chocolate and spread</td>
</tr>
<tr>
<td></td>
<td>Normal butter, ordinary margarine or spread, Biscuits and cakes that contain milk, Milk chocolate, most chocolate spread</td>
</tr>
</tbody>
</table>
Ingredients to watch out for on labels:

<table>
<thead>
<tr>
<th>Milk / Milk solids</th>
<th>Yoghurt</th>
<th>Hydrolysed whey protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified milk</td>
<td>Buttermilk</td>
<td>Hydrolysed whey sugar</td>
</tr>
<tr>
<td>Non-fat milk solids</td>
<td>Butter</td>
<td>Hydrolysed casein</td>
</tr>
<tr>
<td>Skimmed milk powder</td>
<td>Margarine</td>
<td>Casein (curds)</td>
</tr>
<tr>
<td>Cream</td>
<td>Ghee</td>
<td>Caseinate</td>
</tr>
<tr>
<td>Artificial cream</td>
<td>Whey/whey solids</td>
<td>Lactose</td>
</tr>
<tr>
<td>Cheese</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Milk and milk products will be indicated as ‘Milk’ in bold on the ingredient list, so check the labels. Most supermarkets will provide a list of their milk-free foods on request.

Calcium Requirements:
As a breastfeeding mum your daily calcium requirements are 1250mg. If this is not met from your diet, then you should take a calcium AND vitamin D supplement that provides 10micrograms of vitamin D and 1000mg of calcium per day.

Use the following chart to check your calcium intake:

<table>
<thead>
<tr>
<th>Food</th>
<th>Average Portion</th>
<th>Calcium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative milk (calcium enriched)</td>
<td>100ml</td>
<td>120mg</td>
</tr>
<tr>
<td>Sardines</td>
<td>60g (1/2 small tin)</td>
<td>550</td>
</tr>
<tr>
<td>Pilchards</td>
<td>60g</td>
<td>300</td>
</tr>
<tr>
<td>Salmon (tinned with bones)</td>
<td>52g (1/2 tin)</td>
<td>47</td>
</tr>
<tr>
<td>Prawns</td>
<td>60g</td>
<td>90</td>
</tr>
<tr>
<td>Whitebait</td>
<td>50g</td>
<td>130</td>
</tr>
<tr>
<td>Scampi in breadcrumbs</td>
<td>90g (6 pieces)</td>
<td>130</td>
</tr>
<tr>
<td>White bread</td>
<td>100g (2 large slices)</td>
<td>100</td>
</tr>
<tr>
<td>Wholemeal bread</td>
<td>100g (2 large slices)</td>
<td>54</td>
</tr>
<tr>
<td>Calcium fortified bread</td>
<td>40g (1 slice)</td>
<td>191</td>
</tr>
<tr>
<td>Pitta bread/chapatti</td>
<td>65g (1)</td>
<td>60</td>
</tr>
<tr>
<td>Calcium fortified cereals</td>
<td>30g</td>
<td>137</td>
</tr>
<tr>
<td>Calcium fortified hot oat cereals</td>
<td>15d (1 tablespoon dry cereals)</td>
<td>200</td>
</tr>
<tr>
<td>Broccoli, boiled</td>
<td>85g (2 spears)</td>
<td>34</td>
</tr>
<tr>
<td>Spring greens</td>
<td>75g (1 serving)</td>
<td>56</td>
</tr>
<tr>
<td>Medium orange</td>
<td>120g (1 medium)</td>
<td>75</td>
</tr>
<tr>
<td>Calcium enriched orange juice</td>
<td>250mls</td>
<td>195</td>
</tr>
</tbody>
</table>

From the British Dietetic Association Food Fact Sheet on Calcium [www.bda.uk.com](http://www.bda.uk.com)

If your baby requires a cows’ milk free diet then you will need to be referred to a paediatric dietitian for advice on weaning and to ensure you are achieving a nutritionally adequate diet. Please ask your GP.
Introducing Milk-Free solids

This dietary advice sheet gives some general information to help you make the recommended changes to your baby’s diet. If you need more detailed advice or if your baby is following a special diet that makes it difficult to make these changes, please ask your doctor to refer your child to a registered dietitian.

For the first 6 months of life breast milk or a suitable formula milk is all a baby requires.

- Breast milk is the optimal milk to feed your baby if they have a cow’s milk protein allergy (CMPA) with, if required, elimination of all cow’s milk protein foods in your diet.

Suitable milk formula substitutes for the infant with a cow’s milk allergy include:

- A hydrolysate infant formula (eHF), which should be used as first line treatment for cow’s milk allergy, unless your baby has had a severe reaction to cow’s milk.
- A special amino acid formula (AAF), which may be recommended for babies with multiple allergy, poor weight gain or where there is intolerance to hydrolysate formula (this is rare).
- An infant soya formula (these should not be given before 6 months of age).

As your baby is allergic to cow’s milk, all solids offered will need to be free from cow’s milk and cow’s milk products (see table overleaf).

General advice for introducing milk-free solids


- Solid food should be introduced at around 6 months of age, when your baby show signs that he/she is ready (sitting up, holding head, reaching for food…).
- First foods can include a wide range of simple, unprocessed foods (rice, oats, barley, semolina, peas, beans lentils, meat, fish, eggs, ground nuts, fruit and vegetables).
- Babies progress at different paces. You can offer pureed or mashed foods, or offer finger foods.
- Gradually increase the amount and range of foods to include foods from the ‘allowed’ list overleaf.
- Never add sugar or salt to your baby’s food, and avoid processed foods (foods with more than a handful of ingredients on the label).
- Wheat, nuts, seeds, fish, shellfish, eggs and soya should not be introduced until 6 months of age.
- Never leave a baby unsupervised with foods.
- By 1 year of age, most infants can manage to eat chopped up family meals.

Suitable Milk substitute to use in cooking:

If your baby is having a hydrolysate, amino acid or soya formula, these can be used in cooking. Alternatively, soya, oat, hemp or nut milks can be used in cooking (as long as they are calcium enriched and not used as a main drink until 1 year of age).

Please note: rice milk is not recommended for babies and children under 4.5 years.
# Introducing Milk Free solids

## Milk free Foods

<table>
<thead>
<tr>
<th>Fruit and Vegetables</th>
<th>Milk free Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>All plain vegetables and fruit – puréed, mashed and finger foods</td>
<td></td>
</tr>
<tr>
<td>Vegetables mixed with sauces made from milk substitutes</td>
<td></td>
</tr>
<tr>
<td>All plain fruit, puréed, mashed and finger foods</td>
<td></td>
</tr>
<tr>
<td>Fruit mixed with soya yogurt, soya cream, soya desserts, custard made from custard powder and milk substitute</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baby Jars/ Packets</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>All baby jars/packets/rusks which do not have ‘milk’ in the ingredient</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meat/fish/ eggs/pulses</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain meat/fish/eggs/pulses or in sauce made with suitable milk substitutes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dairy Products</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your current infant formula (hydrolysate or soya)</td>
<td></td>
</tr>
<tr>
<td>Dairy-free yogurts and desserts, Dairy-free milk alternatives can be used in cooking</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cereals</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread (if no milk added/ no milk in ingredients)</td>
<td></td>
</tr>
<tr>
<td>Flour</td>
<td></td>
</tr>
<tr>
<td>Pasta in milk-free sauces</td>
<td></td>
</tr>
<tr>
<td>Rice</td>
<td></td>
</tr>
<tr>
<td>Breakfast cereals (if no milk in ingredients) with lactose free formula e.g. Rice Krispies, Cornflakes, Weetabix</td>
<td></td>
</tr>
<tr>
<td>Biscuits/cakes if milk-free</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fats and oils, lard, suet, dripping</td>
<td></td>
</tr>
<tr>
<td>Dairy-free margarine e.g. Pure™, Vitalite™, Tomor™, Flora dairy-free, supermarket own dairy-free brand, Kosher and vegan spreads</td>
<td></td>
</tr>
<tr>
<td>‘Free-from’ chocolate and spread</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables mixed with sauces made from cow’s milk</td>
</tr>
<tr>
<td>Fruit mixed with ordinary yogurt/custard/cream/ice-cream</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baby Jars/ Packets</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>All baby jars/packets/rusks which do not have ‘milk’ in the ingredient</td>
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<thead>
<tr>
<th>Meat/fish/ eggs/pulses</th>
<th>Foods to avoid</th>
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<tbody>
<tr>
<td>Meat/fish/eggs/pulses in sauces made from cow’s milk</td>
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<thead>
<tr>
<th>Dairy Products</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cow’s, goat’s and sheep’s milk and all products made from these</td>
<td></td>
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<tr>
<td>Yoghurts</td>
<td></td>
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<tr>
<td>Cheese e.g. cheddar, soft cheeses, cheese spreads, cream cheese...</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Cereals</th>
<th>Foods to avoid</th>
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<tbody>
<tr>
<td>Bread with milk added</td>
<td></td>
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<tr>
<td>Pasta in cow’s milk based sauces</td>
<td></td>
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<tr>
<td>Breakfast cereals which contain milk/ chocolate</td>
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<tr>
<td>Biscuits/cakes that contain milk</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ice-cream, cream</td>
<td></td>
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<tr>
<td>Butter, ordinary margarine</td>
<td></td>
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<tr>
<td>Chocolate, chocolate spread</td>
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</tbody>
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### Check labels:

All milk containing products must now clearly state ‘milk’ in the ingredient panel on the label. Most supermarkets will provide a list of milk free foods.

- Most infants and children grow out of their cow’s milk intolerance, usually between the first and third years of life.
- Do not reintroduce cow’s milk in foods at home until you have discussed this with your dietitian.
- All infants who are continuing on a cow’s milk free diet should have an appointment with a dietitian to check the diet is nutritionally adequate and to discuss possible milk reintroduction. Please ask your GP or health visitor to refer you.
**Introducing Lactose-free solids**

This dietary advice sheet gives some general information to help you make the recommended changes to your baby’s diet. If you need more detailed advice or if your baby is following a special diet that makes it difficult to make these changes, please ask your doctor to refer your child to a registered dietitian.

Some babies temporarily do not tolerate the natural milk sugar lactose which is found in ordinary infant formula (made from cow’s milk) and breastmilk (and also in goat’s and sheep’s milk). **Lactose intolerance in infants is usually a short-term problem. It occurs most often following a bad bout of gastroenteritis (stomach bug) and can last for up to 2 - 4 months.**

**Lactose-free infant formulas** are available such as SMA LF®, or Enfamil 0-Lac®

These taste similar to ordinary formulas and are available from chemists to buy.

It is important your baby drinks at least 600ml (20 ounces) a day of a lactose-free formula to receive sufficient nutrients, especially calcium.

**General advice for introducing milk-free solids**


- Solid food should be introduced at around 6 months of age, when your baby show signs that he/she is ready (sitting up, holding head, reaching for food…).
- First foods can include a wide range of simple, unprocessed foods (rice, oats, barley, semolina, peas, beans lentils, meat, fish, eggs, ground nuts, fruit and vegetables).
- Babies progress at different paces. You can offer pureed or mashed foods, or offer finger foods.
- Gradually increase the amount and range of foods to include foods from the ‘allowed’ list overleaf.
- Never add sugar or salt to your baby’s food, and avoid processed foods (foods with more than a handful of ingredients on the label).
- Wheat, nuts, seeds, fish, shellfish, eggs and soya should not be introduced until 6 months of age.
- Never leave a baby unsupervised with foods.
- By 1 year of age, most infants can manage to eat chopped up family meals.

**Milk substitutes to be used in cooking**

If your baby is having a Lactose Free formula, these can be used in cooking. Alternatively, soya, oat, hemp or nut milks can be used in cooking (as long as they are calcium enriched and not used as a main drink until 1 year of age).

*Please note rice milk is not recommended for babies and children under 4.5 years.*

**Lactose and cheese**

Lactose is found in soft cheeses e.g. cream cheese and cheese spreads, mozzarella, feta. However, due to the maturing process of hard cheese, most of the lactose has been removed and therefore, hard cheeses such as cheddar and Edam are usually tolerated on a lactose-free diet.

**Can I give other drinks?**

The main drink for your baby needs to be lactose-free formula and/or breastfeeding. If other drinks are needed, cooled boiled water is the best drink to give. Baby juices are not necessary and they would just encourage your baby to have a sweet tooth. If your baby is constipated, a small amount of diluted pure fruit juice may help. Tea should not be given to babies and small children as it reduces iron absorption from your child’s diet.
### Introducing Lactose-free solids continued

<table>
<thead>
<tr>
<th>Lactose free Foods</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fruit and Vegetables</strong></td>
<td></td>
</tr>
<tr>
<td>All plain vegetables and fruit – puréed, mashed and finger foods</td>
<td>Vegetables mixed with sauces made from cow’s milk</td>
</tr>
<tr>
<td>Vegetables mixed with sauces made from milk substitutes</td>
<td>Fruit mixed with ordinary yogurt/custard/cream/ice-cream</td>
</tr>
<tr>
<td>All plain fruit, puréed, mashed and finger foods</td>
<td></td>
</tr>
<tr>
<td>Fruit mixed with dairy-free alternative to custard, cream</td>
<td></td>
</tr>
<tr>
<td><strong>Baby Jars/ Packets</strong></td>
<td></td>
</tr>
<tr>
<td>All baby jars/packets/rusks which do not have ‘milk’ in the ingredient list</td>
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</tr>
<tr>
<td><strong>Meat/fish/ eggs/pulses</strong></td>
<td></td>
</tr>
<tr>
<td>Plain meat/fish/eggs/pulses or in sauce made with lactose-free milk</td>
<td>Meat/fish/eggs/pulses in sauces made from cow’s milk</td>
</tr>
<tr>
<td><strong>Dairy Products</strong></td>
<td></td>
</tr>
<tr>
<td>Lactose-free infant formula, Dairy-free yogurts and desserts, dairy-free milk alternatives can be used in cooking Hard cheese e.g. Cheddar, Edam</td>
<td>Cow’s, goat’s and sheep’s milk and all products made from these Ordinary yogurts Soft cheese e.g. cheese spreads, cream cheese, mozzarella...</td>
</tr>
<tr>
<td><strong>Starchy Foods</strong></td>
<td></td>
</tr>
<tr>
<td>Bread (if no milk added) Flour Pasta in milk-free sauces Rice Breakfast cereals (if no milk in ingredients) with lactose free formula e.g. Rice Krispies, Cornflakes, Weetabix Biscuits/cakes if milk-free</td>
<td>Bread with milk added Pasta in cow’s milk based sauces Breakfast cereals which contain milk/ chocolate Biscuits/cakes that contain milk</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td></td>
</tr>
<tr>
<td>Fats and oils, lard, dripping Dairy-free margarine e.g. Pure™, Vitalite™, Tomor™, Flora dairy-free, supermarket own dairy-free brand</td>
<td>Ice-cream, cream, Butter, ordinary margarine Milk chocolate, chocolate spread</td>
</tr>
</tbody>
</table>

*consistency given appropriate to age

**Check labels:** All milk containing products must now clearly state ‘milk’ in the ingredient panel on the label. Most supermarkets will provide a list of milk free foods.

**How long does my baby need a lactose-free diet?**

Most babies grow out of lactose intolerance once their gut has recovered. It is recommended that you only use lactose free formula/milk for up to 8 weeks. You should then slowly reintroduce standard formula/milk back into their diet. Try giving small amounts of dairy products e.g. ordinary yogurt or food made from cow’s milk. If your baby has loose nappies and is unsettled, stop lactose-containing foods and try again in 1 - 2 weeks.

If your child is still lactose intolerant at 1 year of age, please ask your Health Visitor/GP to refer her/him to a registered Dietitian.
Introducing High Energy Solids

All children need to eat a variety of foods to achieve a balanced diet that is essential for growth and good health. Some children who are not growing well or who have certain medical conditions may need extra calories and protein in their diet.

**General advice**
- Aim to give 3 meals and 2-3 small snacks daily - spread them evenly throughout the day.
- Avoid foods labelled as ‘low fat’ or ‘diet’.
- Avoid offering drinks 1 hour before meals as they can reduce their appetite.
- Measure & record your child’s weight regularly: once every 2 month is usually recommended.
- For breastfeed babies over 6 month, give them an over the counter children’s’ multivitamin supplement each day which includes vitamin D.

<table>
<thead>
<tr>
<th>The 5 Food Groups</th>
<th>Do</th>
<th>Best choices</th>
<th>Top tips</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk, cheese, yogurt</strong>&lt;br&gt;Give your child breast or formula milk until they are at least 1 year old.</td>
<td>Use full fat dairy products or alternatives (the fat content should be at least 4g /100g)</td>
<td>Cheddar / cream cheese&lt;br&gt;Greek style yogurt, full fat yogurt or fromage frais or thick &amp; creamy yogurts</td>
<td>Add to sauces, omelettes, scrambled eggs, jacket potatoes, mashed potato, vegetables, baked beans etc.</td>
</tr>
<tr>
<td><strong>Fats &amp; Oils</strong>&lt;br&gt;Fats are the richest source of calories</td>
<td>Avoid low fats spreads&lt;br&gt;Use an oil high in mono-unsaturated fats</td>
<td>Butter or margarine&lt;br&gt;Olive, sunflower, rapeseed or corn oil&lt;br&gt;Full fat mayonnaise&lt;br&gt;Double or whipping creams</td>
<td>Spread generously and add to potatoes/ vegetables&lt;br&gt;Fry or roast foods with added fat&lt;br&gt;Drizzle foods with oil before serving&lt;br&gt;Use cream for puddings, drinks, sauces and soups</td>
</tr>
<tr>
<td><strong>Protein rich foods</strong>&lt;br&gt;Aim for 2 portions daily</td>
<td>Meat and meat alternatives (quorn, soya mince etc.)&lt;br&gt;Eggs, pulses (lentils, beans)&lt;br&gt;Salmon and mackerel&lt;br&gt;Ground almonds, peanut butter</td>
<td>Add fat/cook in fat to boost their calorie value. Avoid removing the fat from meat, and avoid ‘lean’ meats&lt;br&gt;Choose oily fish instead of white fish, fish tinned in oil rather than brine. Add to cereals, yoghurts &amp; desserts</td>
<td></td>
</tr>
<tr>
<td><strong>Starchy foods</strong>&lt;br&gt;Include at least one portion at each meal</td>
<td>Cereals, breads, potatoes, pasta, rice</td>
<td>Add a generous serving of butter, margarine or oil</td>
<td></td>
</tr>
<tr>
<td><strong>Fruit &amp; vegetables</strong>&lt;br&gt;These are low in calories but are an important source of vitamins and minerals</td>
<td>Aim to give up to 5 small portions per day. One portion is about half an adult handful or a tablespoon</td>
<td>Avocados&lt;br&gt;Dried fruit&lt;br&gt;Smoothies and fruit juices&lt;br&gt;Vegetables</td>
<td>Try mashed as a dip or in sandwiches&lt;br&gt;Limit to one serving a day as they are high in sugar&lt;br&gt;Serve with oil, butter, margarine, cream or cheese to boost the calories</td>
</tr>
</tbody>
</table>

**Sugary foods** such as biscuits, cakes, sweets & chocolate, ice cream **should be limited** to after meals rather than snacks. Choose no added sugar drinks such as milk or water and **avoid** fizzy drinks. Sugar is harmful to your child’s teeth — aim to brush their teeth twice a day and visit the dentist regularly.

**Between Meal Snack ideas:**
Small energy dense snacks can be useful to boost nutritional intake but avoid within one hour of meals, as they may reduce their appetite:
- Mashed avocado and mayonnaise, peanut butter or cream cheese on bread/toast (or bagel, crumpets), Greek style yogurt - plain or with fruit puree
What can I do if my child won’t eat?

Mealtimes are a time for learning about food and eating and should be an enjoyable experience. Eating together as a family encourages the child to copy eating and drinking behaviour and can be a good social time for families. Try some of the following to help encourage your child to eat more:

- Make sure your child is sitting in an appropriate chair and is sitting with the rest of the family.
- A calm, relaxed environment for eating and drinking may be helpful for some children, especially if they are easily distracted, however some children may benefit from background noise. Try both approaches to find out what works best for your child.
- Use brightly coloured bowls and plates. These may make the meal look more appealing.
- Try not to show your concern or make negative comments in front of your child.
- Never leave your child unsupervised whilst he or she is eating or drinking.
- Offer regular meals and snacks at set times, as this is better than letting your child ‘pick’ through the whole day.
- Avoid fluids just before and during meals, as this will reduce your child’s appetite. Often children are not hungry because they have had too much juice or milk during the day and night. Try to avoid giving more than 1½ pints of fluid during the day. Children over the age of one year should only be offered milk or water; and not be given drinks during the night.
- Give your child lots of positive praise when he or she does eat and ignore any food refusal; calmly offer the food three times before telling your child the meal is over, then remove the meal without any further comment.
- Limit mealtimes to 20 minutes. Try not to rush a meal, as your child may be slow to eat, but try not to let the meal drag on for too long. Your dietitian will advise you on how to increase the energy density of your child’s meal so the mealtime can be reduced, if necessary.
- Offer new foods in a predictable pattern, e.g. once a week for 8 weeks. Intersperse new meals with old ones. E.g. 3 new teatime/lunches and 4 tolerated teatime/lunches a week.
- Do not worry if they make a mess, this is an important part of your child’s development. If your child stops eating at a meal, try once to encourage him or her to take a little more. If this is successful show that you are pleased and give positive verbal reinforcement.
- Never use food as a reward.
- NEVER force feed your child.

*Only check your child’s weight once every 8 weeks.* Most fussy eaters maintain good growth despite their apparent lack of intake.