East Suffolk & North East Essex
Specialist Infant Formula Guideline

KEY POINTS

- Breast milk is the optimal milk for infants; it should be promoted and supported wherever possible.

  Note: The following are recommended to have vitamin D supplementation providing 400iu/10mcg daily which should be self-purchased.

  - All breastfed infants from birth to 1 year of age
  - Babies having less than 500ml of formula daily
  - All children from 1 – 4 years of age
- This policy is applicable to infants **up to 18 months of age**. Prescription formula can be stopped around 12 months with all infants expected to have stopped by 18 months. The Paediatric Allergy Dietitian will advise on the duration. Babies can transition to plant-based milks from 12 months of age.
- Please only prescribe infant formula in accordance with this policy.
- Do not put an infant formula on repeat prescription until tolerance is established by initially prescribing 2 tins only. This will reduce wastage.
- Once tolerance is accepted, up to 10 x 400g tins per month may be prescribed. Guidance regarding milk which comes in other sized tins or cartons is provided in Appendix 1 of this document.
- Healthy Start vouchers can be used to purchase infant formula that is based on cow's milk and appropriate for use from birth. The vouchers cannot be used for soya or goat's milk infant formula or follow-on formula for babies aged six months or over.
- Formulae for cow's milk allergy should be continued until advised by a paediatrician or dietitian, but all infants will be stopped by 18 months.

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Infant milk formulary

A list of the specialist infant formula that can be prescribed or must be self- purchased is listed below:

Key

- Primary care initiation.
- Should not routinely be initiated in primary care. If started in primary care, refer to the Paediatric Dietitians and Paediatricians.
- Hospital only

Milk type	Infant formula that can be prescribed (Feeds are listed in alphabetical order according to formulary traffic light status)	
Milk allergy	Aptamil Pepti 1 Aptamil Pepti 2 Aptamil Pepti Syneo* Nutramigen 1 with LGG* Nutramigen 2 with LGG* SMA Althera/Althera Advance Neocate Junior Neocate LCP Neocate Spoon Neocate Syneo* Nutramigen 3 with LGG Nutramigen Puramino Similac Arize SMA Alfamino/Alfamino Advance	*These formulae contain probiotics and are contra-indicated in premature infants or infants who are premature or immunocompromised. They are not recommended for infants with a central venous catheter or short bowel syndrome without full consideration of all the risks and benefits by a healthcare professional and careful monitoring. They are not suitable for vegetarians and they are not halal or kosher.
Faltering growth	Infatrini Infatrini Peptisorb Similiac High Energy SMA High Energy	Children with faltering growth require an urgent referral
Pre-term	Nutriprem 2 powder SMA Gold Prem 2 powder	Hospital initiation only Liquid versions – under exceptional use only e.g. immunocompromised infant as directed by secondary care.
Breast milk fortifier	Nutriprem human milk fortifier (usually stopped at 46 or 52 weeks). SMA Gold Prem Breast Milk Fortifier – not prescribable in primary care. Hospital to supply.	Hospital initiation only
Must be self-purchased (not exhaustive)		
• Comfort milks • Hungry milks • Lactose free milks • Anti-reflux/pre-thickened milks • Hypoallergenic milks • All other 'standard' formulae		*Examples include:* Aptamil Anti-Reflux, Aptamil Comfort, Aptamil Hungry milk, Aptamil Lactose Free, Cow & Gate Anti-Reflux, Cow & Gate Comfort, Enfamil AR, Enfamil O-Lac with LIPIL, HIPP organic Combiotic anti-reflux, SMA H.A., SMA LF, SMA Staydown

Managing suspected cow's milk protein allergy (CMPA)

Take an allergy focused clinical history and family history of atopy

refer to NICE Clinical Guideline 116 and the Milk Allergy in Primary Care (iMAP) guidelines

Mild to moderate symptoms

One, or often more than one of the following:

Gastrointestinal
- Vomiting
- Reflux
- Loose or frequent stools
- Constipation
- Blood and/or mucus in stools
- Food refusal / aversion
- Perianal redness
- Abdominal discomfort
- 'Colic'

Skin
- Eczema
- Pruritus
- Erythema

Respiratory
- Rhinitis
- Wheeze
- Cough

'Severe' onset symptoms

'Persisting' symptoms of one or often more than one of the following:

Gastrointestinal
- Vomiting
- Diarrhoea
- Faltering growth
- Abdominal pain
- Food refusal / aversion
- Significant blood +/- mucus in stools
- Irregular / uncomfortable stools

Skin
- Severe atopic eczema

Respiratory
- Acute laryngoedema
- Anaphylaxis

If breastfed: maternal cow's milk free diet **for 4 weeks** with calcium and vitamin D supplement**
If formula fed or symptoms start on mixed feeding: trial of extensively hydrolysed formula (eHF) **for 4 weeks**

- Casein based:
  - Nutramigen 1 with LGG* (<6 months)
  - Nutramigen 2 with LGG* (≥6 months)
- Whey-based:
  - Aptamil Pepti 1 (<6 months)
  - Aptamil Pepti 2 (≥6 months)
  - Aptamil Pepti Syneo* (0-12 months)
  - SMA Althéra (0-12 months)

If breastfed: maternal cow's milk free diet with calcium and vitamin D supplement**
If formula fed or mixed feeding: trial of extensively hydrolysed formula (eHF) **for 4 weeks**:

- Casein based:
  - Nutramigen 1 with LGG* (<6 months)
  - Nutramigen 2 with LGG* (≥6 months)
- Whey-based:
  - Aptamil Pepti 1 (<6 months)
  - Aptamil Pepti 2 (≥6 months)
  - Aptamil Pepti Syneo* (0-12 months)
  - SMA Althéra (0-12 months)

If severe symptoms with faltering growth or anaphylaxis prescribe amino acid formula

No improvement

Refer to Paediatric Dietitian and Paediatrician.

Improvement

Suspected IgE mediated
(immediate onset of symptoms)

Do not retry cow's milk

Continue prescription for eHF

Refer to Paediatric Dietitian and Paediatrician

Suspected Non IgE mediated
(delayed reaction of symptoms)

- If breastfed: retry milk in maternal diet gradually over 1 week
- If formula fed: retry standard formula

(refer to Diagnostic Milk Challenge Guidelines on page 4)

Symptoms do not return: Not CMPA

Symptoms return: Cow's milk free diet

If breastfed: maternal milk free diet with self-purchase of calcium and vitamin D supplement**
If formula fed or mixed feeding:
Continue to prescribe eHF

Refer to Paediatric Dietitian

If no improvement on eHF prescribe an amino acid formula (AAF) whilst waiting for appointment:

- Neocate LCP (0-18 months)
- SMA Alfamino (0-18 months)
- Nutramigen Puramino (0-18 months)
- Neocate Syneo* (0-18 months)
- Similac Arize (0-18 months)

Prescribing Notes:
Refer to Appendix 1 on page 10 for guidance on volumes of formulae to prescribe.
Cow's milk protein free formula should not be required in a child over 18 months of age.
***Refer to contra-indications on page 2.**
****Self-purchase maternal calcium and vitamin D supplement** containing 1000mg calcium and 10mcg vitamin (if not already taking a supplement)

Diagnostic Milk challenge guidelines (Non-IgE mediated allergy)

This guideline is designed to help confirm the initial diagnosis of CMPA (after a short period of milk exclusion) for **Non-IgE mediated allergy** only. Do not use these guidelines if you suspect an IgE mediated allergy.

Do not challenge if the infant is unwell or if infant has a current eczema flare up.

Do not challenge if the infant has commenced any new medication which may affect the gastro-intestinal tract e.g. antibiotics.

Do not introduce any other foods during the challenge.

If symptoms return this confirms the diagnosis and the challenge should be stopped.

For those infants with confirmed CMPA please refer to the Paediatric Dietitian and consider referral to a Paediatrician.

The table below is a guide only. It is to be used for those infants fully formula fed or those taking formula to compliment breast feeds.

Day	Volume of boiled water (ml)	Cow's milk formula No. of scoops	Hypoallergenic formula No. of scoops
1	150	1	4
2	150	2	3
3	150	3	2
4	150	4	1
5	150	5	0

- To add standard formula to morning bottle only.
- If no symptoms occur after replacing 1 whole bottle (by day 5) with standard formula the infant may continue to consume standard formula in all bottles.
- For exclusively breast fed infants reintroduce cow's milk and cow's milk containing foods into the maternal diet over a 1 week period.
- If symptoms have not returned in 2 weeks they do not have a CMPA.
- If symptoms are obvious during the first 5 days STOP the challenge and return to the prescribed formula and/or a maternal milk free diet if breast fed.

Diagnostic milk challenge guidance for parents

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 test (RAST) 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
- Eczema has flared up
- Any 'teething' signs that are upsetting your child
- Any tummy/bowel problems e.g. tummy ache or loose nappies

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.

Try to write down what your child eats and drinks during the challenge. Also note any symptoms e.g. sickness, loose nappies, rashes or any changes in their eczema.

Home challenge - This will depend on whether your baby is breastfeeding or having formula.

For a formula fed child (those taking only formula or a mixture of formula and breast feeds):

- Follow the advice in the table below: each day increase the amount of cow's milk formula given in baby's FIRST bottle of the day.
- 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 and inform your GP.
- 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.
- If you have also been avoiding milk whilst breastfeeding, milk and milk products can be reintroduced into your diet.
- If you do not see any symptoms within 2 weeks of your baby having more than 150mls cow's milk formula per day, then your baby does not have a cow's milk protein allergy.

Day	Volume of boiled water (ml)	Cow's milk formula No. of scoops	Hypoallergenic formula No. of scoops
1	150ml	1 in 1st bottle of day	4 in 1st bottle of day
2	150ml	2 in 1st bottle of day	3 in 1st bottle of day
3	150ml	3 in 1st bottle of day	2 in 1st bottle of day
4	150ml	4 in 1st bottle of day	1 in 1st bottle of day
5	150ml	5 in 1st bottle of day	0 in 1st bottle of day

For a fully breast fed infant:
Start using cow's milk and cow's milk containing foods in your own diet over 1 week.

- If you see any obvious symptoms, e.g. sickness, tummy pains, a rash, itching in your child, STOP and go back to your milk free diet and inform the GP.
- If you do not see any symptoms in your child then you can go on drinking cow's milk and eating cow's milk containing products, e.g. cheese and yoghurt.
- In some children symptoms of a cow's milk protein allergy may appear at a later time. This may be when you wean your child or if you start using cow's milk formula. If this happens then contact your GP.

Frequently asked questions about Cow's Milk Protein Allergy (CMPA):

Q. Can goats' milk formula be used as a treatment for CMPA?

A. No: Goats' milk and sheep's milk are not advised due to the cross reactivity with cow's milk.

Q. What happens with prescription milks after the age of 1 year?

If there are no issues with weight gain, children over 1 year can use a fortified plant-based, soya or oat milk as preference, or other plant based milks if these are not tolerated. These milks are widely available and should be purchased by the caregivers. Suitable milks will be fortified with calcium and iodine (which will be indicated in the Nutrition box on the side of the product). If these milks are not tolerated AND there are concerns over slow weight gain or inadequate diet, a review appointment with the paediatric dietitian is recommended. All prescription specialist formula will stop by 18 months of age. **Rice milk is NOT suitable for children under the age of 4½ years.**

Q. Are vitamin and mineral supplements required?

A. The Department of Health and Social Care recommends that a supplement containing vitamin D is given to:

- All breastfed infants from birth to 1 year of age - containing 8.5 – 10 micrograms (mcg) vitamin D
- Babies having less than 500ml of formula daily
- All children from 1 – 4 years of age - containing 10 micrograms (mcg) vitamin D

Children on a milk free diet may require a calcium supplement (to be purchased). This will be advised by the Paediatric Dietitian.

Vitamin and mineral supplements must be self-purchased unless there is a diagnosed deficiency. Maintenance and prevention doses are self-purchase.

Q. What is Nutramigen 3 with LGG?

A. This is an extensively hydrolysed casein-based formula combined with Lactobacillus rhamnosus GG (trademark LGG®) and should only be prescribed on the recommendation of a Paediatric Dietitian. It should not be prescribed in infants under the age of 1 year. It is not a "follow-on" from Nutramigen 2 with LGG. It is not suitable for premature or immunocompromised infants.

Q. What is Neocate Junior?

A. This is a highly specialised amino acid formula and should only be advised by secondary / tertiary care. It should not be prescribed in infants under the age of 1 year. It is not a 'follow on' from Neocate LCP. There are different ways to make up Neocate Junior and therefore all infants prescribed this product should be under the care of a Paediatric Dietitian.

Q. What is Neocate Spoon?

A. This is a hypoallergenic amino acid based food. It is not to be used as a drink / formula. It is suitable for infants from six months of age who have multiple food protein allergies. This product should only be used under the direction of a Paediatric Dietitian.

Q. What is Similac Arize?

A. This is a rice-based hydrolysed formula. It contains no milk proteins. It should be initiated in secondary care for children under the care of a dietitian.

Q. Can lactose free products be used in cow's milk protein allergy?

A. No. These products contain cow's milk protein and are therefore not suitable.

Managing Secondary Lactose Intolerance

(usually follows an infectious gastrointestinal illness)

Has the infant had the following symptoms for more than 2 weeks?

- Abdominal bloating
- Increased wind
- Loose green stools

>12 months of age

To purchase Lactose free full fat milk Use in conjunction with a milk free diet.

0-12 months of age

If bottle fed:
To PURCHASE lactose free formula from supermarket or community pharmacy:
SMA LF, Aptamil Lactose Free, Enfamil O-Lac with Lipil
If weaned use in conjunction with a milk free diet

If breastfed:
Lactose intolerance in exclusively breastfed infants is rare.
Breastfeeding should always be encouraged and the mother may benefit from referral to a breastfeeding counsellor.

Review after 2 weeks – have symptoms improved?

No → Consider alternative diagnosis, e.g. cow's milk protein allergy

Yes

Continue to **PURCHASE** lactose free formula or lactose free milk for up to 8 weeks to allow resolution of symptoms then advise parents to slowly start to re-introduce standard formula/milk into diet.

Note: Lactose intolerance in young infants is rare and cow's milk protein allergy should always be considered as an alternative diagnosis

Have symptoms returned on commencement of standard infant formula/milk?

Yes → Return to **PURCHASING** lactose free formula or lactose free milk and refer to paediatric dietitian

No

No further action needed.

Note: There is no evidence for the use of lactase drops

Managing Faltering Growth

- Weight crossing 2 centiles downwards.
- Weight falls below the 0.4th centile.
- Low weight for height.
- No catch up from low birth weight.
- Crossing down through length/height centiles as well as weight.

Ensure UK WHO growth charts are used.

All infants meeting these criteria should be referred to a paediatrician and paediatric dietitian

In the meantime whilst awaiting specialist review…

Rule out underlying medical condition.

Yes

Check feeding pattern, including feed volumes and tolerance.

Is infant weaned?

Yes

- **Involve health visitors to observe mealtimes.**
- **Give simple advice around managing any behavioural aspects**
- **Ensure parents/carers are given advice on high calorie foods.**

Urgent referral to paediatric dietitian and paediatrician.

Monitor growth *(length and weight)* to ensure catch up growth and discontinue when appropriate to minimise excessive weight gain.

Managing Preterm Infants

Infant already on formula on discharge from hospital.

Infants born prior to 34 weeks and <2kg at birth may require prescription for:

SMA Gold Prem 2 powder
or
Nutriprem 2 powder
or
Nutriprem Fortifier (as directed by secondary care)

Can be used up to 6 months corrected age.

i.e. 6 months actual age minus the number of weeks premature.

Change to a standard term formula thereafter if no concerns with growth.

Weaning

Weaning can start from 6 months corrected age. It is also important to look for readiness cues.

For vitamin and iron supplementation in preterm infants see page 9.

Growth should be monitored by the Health Visitor.
Any concerns with baby's growth should be referred to the paediatric dietitian and paediatrician. *(See faltering growth pathway)*

Only powdered formula to be prescribed.
SMA Gold Prem 2 or Nutriprem 2 liquids should not routinely be prescribed unless there is an exceptional clinical need, e.g. immunocompromised infant as directed by secondary care.

East of England ODN – Vitamin and Iron Supplementation for infants discharged from Neonatal Unit

Vitamins

Infants born <37 weeks at Discharge or reached 2kg

Plain breast milk or >50% breast milk in combination feeding with formula on discharge

0.6ml abidec/day (prescribe) or Healthy Start vitamins 5 drops/ day. Continue until at least 6 months corrected age, recommend Vitamin D for self-purchase after this time.

Fortified breast milk with Nutriprem Human Milk Fortifier or SMA Gold Prem Breast Milk Fortifier

Post discharge Nutrient Enriched formulas (Nutriprem 2 or SMA Gold Prem 2)

Term/Specialist formulas

0.6ml abidec/day (prescribe) or Healthy start vitamins 5 drops/ day Continue until at least 6 months corrected age, recommend Vitamin D for self-purchase after this time.

Iron

Infants born <37 weeks and <1.8kg ***Or***

Infants born 32-37 weeks and >1.8kg ***Or***

Term infants born <2.5kg

Breast milk fortified with SMA Gold Prem Breast Milk Fortifier

Nutriprem 2, SMA Gold Prem 2

DO NOT require iron supplementation

Combination feeding with plain breast milk or breast milk with Nutriprem Human Milk Fortifier or standard/specialist formulas. Stop iron when these formulas constitute >50% of milk.

Otherwise continue prescribing the iron supplementation initiated by the Neonatal unit until at least 6 months chronological age as requested on Neonatal Unit Discharge summary i.e. 0.5-1ml/day sodium feredetate 27.5mg iron per 5ml.

Appendix 1:

Guidance on Types and Quantities of Infant Formula to Prescribe.

Blue indicates Primary Care Initiation.
Green indicates should not be routinely initiated in Primary Care, and if started a referral should be made to the dietitians.

Infants lessthan 6 months of age.

A 400g tin should last 3.5 days (8-10 x 400g tins/month)

Condition	Type	Formula	Size of container	Max. number of containers per month
Milk Allergy	**Hydrolysed**	Althéra/Althera Advance	400g	10
		Aptamil Pepti 1	400g	10
		Aptamil Pepti 1	800g	5
		Aptamil Pepti Syneo**	400g	10
		Aptamil Pepti Syneo**	800g	5
		Nutramigen 1 with LGG**	400g	10
		Similac Arize	400g	10
Milk Allergy	**Amino Acid based***	Neocate LCP	420g	10
		Neocate Syneo**	400g	10
		SMA Alfamino/Alfamino Advance	400g	10
		Nutramigen Puramino	400g	10
Faltering Growth	**High energy***	Infatrini	125ml	135
			200ml	84
			500ml	60
		Infatrini Peptisorb	200ml	84
		Similac High Energy	200ml	84
		SMA High Energy	200ml	84
Pre-Term	**Pre-term***	Nutriprem 2 powder	800g	5
		SMA Gold Prem 2 powder	800g	5
		Nutriprem 2 liquid	200ml	Not to be routinely prescribed
		SMA Gold Prem 2 liquid	200ml	
		Nutriprem Human Milk	50 x 1g sachet	4 x boxes per month

* These products should only be initiated under the guidance of a paediatric dietitian.
Some individuals may require more, as advised by Paediatric Dietitian, e.g., if a child is having enteral feeding.

**These formulas contain probiotics and are contra-indicated in infants who are premature or immunocompromised. They are not recommended for infants with a central venous catheter or short bowel syndrome without full consideration of all the risks and benefits by a healthcare professional and careful monitoring. They are not suitable for vegetarians and are not Kosher or Halal.

Infants over 6 months of age.

Blue indicates Primary Care Initiation.
Green indicates should not be routinely initiated in Primary Care, and if started a referral should be made to the dietitians.

Condition	Type	Formula	Size of container	Max. number of containers per month
Milk Allergy	**Hydrolysed**	Althéra/Althera Advance	400g	7
		Aptamil Pepti 2	400g	8
			800g	4
		Aptamil Pepti Syneo **	400g	8
		Nutramigen 2 with LGG**	400g	8
		Nutramigen 3 with LGG** (over 1 year of age)	400g	8
		Similac Arize	400g	10
Milk Allergy	**Amino Acid based***	Neocate Junior (over 1 year of age)	400g	10
		Neocate LCP	420g	8
		Neocate Spoon	37g sachet	28
		Neocate Syneo**	400g	8
		Nutramigen Puramino	400g	8
		SMA Alfamino/Alfamino Advance	400g	8
Faltering Growth	**High energy***	Infatrini	125ml	135
			200ml	84
			500ml	60
		Infatrini Peptisorb	200ml	84
		Similac High Energy	200ml	84
		SMA High Energy	200ml	84

* These products should only be initiated under the guidance of a paediatric dietitian.
Some individuals may require more, as advised by Paediatric Dietitian, e.g., if a child is having enteral feeding.

**These formulae contain probiotics and are contra-indicated in infants who are premature or immunocompromised. They are not recommended for infants with a central venous catheter or short bowel syndrome without full consideration of all the risks and benefits by a healthcare professional and careful monitoring. They are not suitable for vegetarians and are not Kosher or Halal.

Non-prescribable Infant Formulas for any age **To be purchased by carers**	Standard Formula	e.g. Cow and Gate, SMA Gold
	Soya Formula	e.g. SMA Soya
	Comfort formula	e.g. Aptamil Comfort, Cow and Gate Comfort
	Hungry Milks	e.g. Aptamil Hungry Milk
	Lactose Free Formula	e.g. Aptamil Lactose Free, SMA LF, Enfamil OLac
	Anti-reflux or pre-thickened formula	e.g. SMA Staydown, Aptamil Anti-Reflux, Cow and Gate Anti-Reflux, Enfamil AR, SMA Staydown
	Hypoallergenic Milks	e.g. SMA HypoAllergenic

Appendix 2: **Patient Factsheet for infants suspected of having delayed type CMA** for updates check [Primary Care Guidelines - BSACI]

The iMAP Milk Allergy Guideline
– Initial Fact Sheet for Parents

iMAP GUIDELINE

When Cow's Milk Allergy is being considered as a possible cause of your baby's symptoms

Food Allergy has become more common and happens when a child's Immune System wrongly reacts against some of the proteins in a food, thinking they may be harmful. This will then result in either the onset of an immediate allergic reaction or a more delayed onset allergic reaction.

You have been given this factsheet because your baby may now be showing mild-to-moderate symptoms of a delayed type of allergic reaction to the proteins in cow's milk.

Delayed Onset Cow's Milk Allergy

Correct up-to-date medical term is
Non-IgE Cow's Milk Allergy
(This is still often incorrectly referred to as Cow's Milk Protein Intolerance)

The Immune System gradually builds up this mistaken reaction and as the milk protein continues to be consumed,it may result in a pattern of symptoms developing over hours, days or even weeks. It can occur with breast feeding alone (exclusive breast feeding) due to the small amount of cow's milk protein that passes across into the breast milk when the mother herself consumes cow's milk or dairy products but is more likely to occur later in such a breast fed baby when the time comes for formula, dairy products (e.g. yoghurt) or cow's milk to be added into the baby's own diet (mixed feeding). However, it is much more likely to occur in the baby who is just being bottle-fed.

The **typical mild-to-moderate** symptoms include one **or usually more than one** of the following:

- **Irritability (colic), reflux, vomiting, refusing or disliking being fed, loose or frequent stools, constipation (especially straining to pass even a soft stool), pain in the tummy, a little blood or slime in the stools**
- **Itching of the skin, redness of the skin, a tendency to 'rashes', eczema (dry inflamed itchy patches of skin)**

Cow's milk allergy is more likely to be the cause of these symptoms if there is a history of eczema, asthma, hay fever or food allergy in any close family members: mother, father, brothers or sisters. However such a history does not have to be present.

There are no skin or blood tests for delayed onset cow's milk allergy (Non-IgE allergy). The only reliable test is to take all the cow's milk protein out of the diet of the exclusively breast feeding mother or out of the diet of the bottle fed infant and then to later reintroduce it in a planned way.

It can be difficult to identify when some of these symptoms (e.g. irritability/colic, reflux/vomiting, and feeding difficulties), which so often occur in babies, are actually due to cow's milk allergy. In most cases allergy will not be the cause and each of the symptoms will settle in time, most needing minimal if any treatment. The **iMAP guideline** is designed to initially help your healthcare professional identify which babies should be suspected of having cow's milk allergy by listing these possible symptoms. The guideline then goes on to show how the diagnosis can be confirmed and then how to manage those babies with mild-to-moderate delayed onset cow's milk allergy (Non-IgE allergy).

All cow's milk and cow's milk containing foods must be removed from your diet if exclusively breast feeding or from your baby's diet **for a period of up to 4 weeks (minimum 2 weeks)**, as this is the time it may take for the symptoms to improve. Your healthcare professional will advise how your diet will need to change if you are exclusively breast feeding or will prescribe a special low allergy formula for your baby if he/she is being bottle fed. During the trial, the symptoms will either begin to clearly improve, suggesting the presence of cow's milk allergy, or there will be no significant change, which usually excludes the diagnosis of allergy.

At the end of this agreed trial it is really important to reintroduce the cow's milk protein.

If exclusively breast feeding you can simply start eating dairy products again or if your baby is bottle fed the previous cow's milk based formula can be reintroduced. A further **iMAP Parents Guide** will provide you with details of how to do this gradually, safely and easily at home. This will show whether any clear improvement seen in symptoms during the trial was actually due to cow's milk allergy and not just to your baby improving naturally. If allergy is the cause, the symptoms can be expected to return within the first few days of reintroducing the milk protein, but will usually settle well again as the milk free diet is restarted.

By following this guide, **the diagnosis of cow's milk allergy can then be properly confirmed or excluded**. If the diagnosis is confirmed, the next steps in management will be explained to you and they should importantly include the on-going support of a dietitian.

There are other types of adverse reactions to milk

Immediate Onset Cow's Milk Allergy
and **Lactose Intolerance**

There is often confusion around how these two conditions differ from Delayed Onset Milk Allergy.

Immediate Onset Cow's Milk Allergy

(Correct medical term is IgE Cow's Milk Allergy)
This immediate onset type of food allergy usually affects slightly older children and is often due to other foods such as egg, peanut, tree nuts or sea food. It can however occur with cow's milk, most commonly when cow's milk based formula feeds are used as 'top-ups' in the breast fed baby or later when weaning with solids begins and dairy products (e.g. yoghurt) or even cow's milk are added into the diet of these babies. **Symptoms usually develop within minutes following ingestion.** They may be mild, such as reddening of the skin, hives, and puffiness around the mouth or eyes. Rarely much more serious 'internal' symptoms can develop; especially breathing difficulties (this is called Anaphylaxis).

Lactose Intolerance

The sugar in cow's milk and in breast milk is called lactose. An enzyme called lactase, present in the gut is needed to break this complicated sugar into smaller sugars that the body can then absorb and use. As young children grow up and drink less milk, the amount of this enzyme gradually and naturally falls. For some children, especially those from an Asian or African ethnic background, this may mean that over time not all the lactose they consume is broken down. Very gradually gut symptoms begin to develop. These symptoms may include bloating, tummy pains, wind and very loose stools – it does not include constipation or reflux/vomiting. **However this does not usually happen until later in childhood and certainly it very rarely occurs in young babies.**

Published October 2016. Included as part of The Milk Allergy in Primary Care (MAP) Guideline 2019
Accessed 5.11.2024. For updates check Primary Care Guidelines - BSACI

Appendix 3: Referrals to Nutrition and Dietetic Service

Paediatric Dietetic Referral Guide Colchester Hospital

- Please email referral to colchesterdieteticisreferrals@esneft.nhs.uk where they will be triaged
- If graded as urgent the aim is to see in 2-4 weeks.
- If referral information missing or insufficient information to meet inclusion criteria, the referral will be rejected.

Inclusion	Exclusion (referrals rejected)	Seen in MDT paediatric clinics so please refer to paediatricians

• Faltering growth and nutritional support (please follow nice guidelines criteria for faltering growth thresholds (this may include cardiac, renal or other specific conditions) https://www.nice.org.uk/guidance/ng75/chapter/Recommendations#faltering-growth-after-the-early-days-of-life
• Suspected or confirmed Non IgE food allergies (milk allergy please start imap process for correct advice https://gpifn.org.uk/imap/)
• Home Enteral feeds
• Fussy eaters >5 years with significantly restricted food groups with deficiencies and/or poor weight gain (excluding diagnosed ARFID see Exclusions)
• Gastro exclusion diets including low fodmap diet
• Overweight/obesity only if comorbidities or social concerns relating to this
	• Overweight or obesity (ask parent to self-refer to C.H.I.M.P.S https://www.nhs.uk/healthier-families/)
	• Fussy eater <5 years old
	• Single vitamin deficiencies – please provide written information
	  ○ Calcium https://www.bda.uk.com/resource/calcium.html
	  ○ Iron https://www.bda.uk.com/resource/iron-rich-foods-iron-deficiency.html
	  ○ Vitamin D https://www.bda.uk.com/resource/vitamin-d.html
	• Vegan/vegetarian diets unless other concerns
	  ○ https://www.bda.uk.com/resource/vegetarian-vegan-plant-based-diet.html
	  ○ https://www.vegansociety.com/news/blog/food-tips-vegan-children
	• Basic constipation (resources https://www.eric.org.uk/Pages/Category/bowel-problems)
	• ADHD or ASD unless meet any of inclusion criteria
	• Eating disorders/ARFID – to be seen by ED team or CAHMS or feeding clinic dependent on diagnosis
	• Ketogenic, renal, metabolic (all seen by tertiary centres and support offered where required on request of them)
	• Basic reflux
		• IBD
		• Coeliac (aim diet advice with 2 weeks of diagnosis)
		• IgE food allergy
		• CF
		• Oncology
		• Complex gastro patients.
		• Type 1 or 2 diabetes

Colchester General Hospital
Nutrition & Dietetic Department
Gainsborough Wing
Turner Road
Colchester
CO4 5JL

Referrals email: colchesterdieteticreferrals@esneft.nhs.uk
Dietetic queries: colchesterpaediatricdietitians@esneft.nhs.uk
Direct number to Dietitians: 01206 742668
Appointment line: 01206 742625

PAEDIATRIC DIETETIC REFERRAL FORM

Name:	Address:
DOB:	
Parents telephone Numbers:	
NHS No:	Post Code:
Growth measurements	
Weight: Weight centile: Date taken:	Length/height: Length centile: Date taken:
Any changes in centiles in the past 6 months (for example dropped 2 centiles in 2 months):	
Reason for Referral: Please provide as much detail as possible to ensure correct triage	
Referrer's Name:	Referral Date:
Referrer's Address:	
Referrer's Telephone No:	

Please email this form to the referrals address at the top of the page.
Please complete all sections of this form to enable the patient to be prioritised. appropriately.

Many Thanks

INVESTOR IN PEOPLE

NUTRITION AND DIETETICS – IPSWICH HOSPITAL PAEDIATRIC REFERRAL FORM

Exclusion Criteria and Guidance	
Is patient age <16yrs	Once patient is 16years old, please refer to our adult Dietetic service.
Paediatric Eating Disorders or Disordered Eating under CAMHS	Refer to CAMHS, Eating Disorder service, Norfolk and Suffolk Foundation Trust
Confirmed ARFID	To be seen by CAMHS
Weight management for children 0 – 19 year:	Refer to Healthy living service – Suffolk County Council. BMI over 91st but below 98th centile. **Signposting resources:** Children's weight - Healthier Families - NHS (www.nhs.uk) Food facts - Healthier Families - NHS (www.nhs.uk) Lunchbox ideas and recipes – Healthier Families - NHS (www.nhs.uk) Activities for kids - Healthier Families - NHS (www.nhs.uk) bda.uk.com/resourceLibrary/printPdf/?resource=healthy-eating-for-children bda.uk.com/resourceLibrary/printPdf/?resource=food-labelling-nutrition-information bda.uk.com/resourceLibrary/printPdf/?resource=food-facts-eat-well-spend-less
Type 1 Diabetes	Refer to Paediatric Diabetes Service at Diabetes and Endocrine Centre at Ipswich Hospital
Unconfirmed milk food Allergy	Milk allergy - Please start imap process for initial advice https://gpifn.org.uk/imap/ For Cow's Milk Protein Allergy refer to Recommendations for Prescribing Specialist Infant Formula **Signposting resources:** bda.uk.com/resourceLibrary/printPdf/?resource=food-allergy-food-intolerance
Single food allergy	Peanut allergy – refer to paediatric allergy clinic Egg allergy – signpost to Allergy UK
Fussy Eaters < 5 years (no faltering growth present)	Fussy eating pack available on Nutrition and Dietetic page on Ipswich Hospital website
Constipation	High fibre information sheet available on the Nutrition and Dietetic page on Ipswich Hospital website
ADHD / ASD	Will be seen if concerns over faltering growth or significantly restricted food group with deficiencies noted. **Signposting resources:** bda.uk.com/resourceLibrary/printPdf/?resource=autism-diet National Autistic Society (autism.org.uk) bda.uk.com/resourceLibrary/printPdf/?resource=diet-behaviour-and-learning-children

Vegan / vegetarian diets	Will be seen if meet inclusion criteria **Signposting resources:** Plant-based-diet-food-fact-sheet.pdf (bda.uk.com)

Referrer's Details	**Patient's Details**
Referring GP/Health Professional …… Surgery: .... Tel No: ..... Date of Referral:..... School/Pre-school:..... Health Visitor/School nurse:..... Other Agencies involved:.....	Child's First Name:..... Surname:..... Date of Birth: ..... NHS No:..... Address: .... Tel No/Mobile No: ..... Patient/Carer name:.....

Other information
Physical/communication difficulties:..... Interpreter required ☐ please specify language: ..... BSL

Medical Information
Current Diagnosis/Investigations:-
Brief Medical History:-
Relevant Biochemistry:-
Current Medication or attach copy:-

Social History (Please include information that may affect eating behaviours or ability of the family to comply with dietary advice including child protection issues)

Anthropometry (mandatory field) Date:			
*Weight (kg): *Centile:	*Height (m): *Centile:	*BMI(kg/m$^{2)}$: *Centile:	Growth History:

Referral * Mandatory field	
Reason for referral* ☐ Confirmed Food Allergy ☐ Restricted diet/limited food choices ☐ Under-nutrition/faltering growth (please refer to NICE faltering growth) including those needing nutrition support ☐ Home enteral tube feeds ☐ Therapeutic dietary advice e.g. Coeliac Disease (please specify): ..... ☐ Exclusion diet for gastrointestinal symptoms ☐ Other (please specify):	☐ **Patient/Parent/Carer has consented for Dietetic Referral** ☐ **For Clinic Appointment, at preferred location:** ☐ **Allington Clinic** ☐ **Ipswich Hospital** ☐ **Thomas Wolsey school (if attends)** ☐ **Bridge specialist school (if attends)** ☐ **Stone Lodge Academy (if attends)**

***Mandatory fields. Please note incomplete forms will be returned to the referrer.**

Please refer via e-referral ALLCAS - (Dietetics – ALLCAS Nutrition & Dietetics – Ipswich Hospital) or email to ipswichpaediatricdietitians@ESNEFT.nhs.uk

Appendix 5: References

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21. Clinical Guideline: Post-discharge use of Human Milk Fortifier (HMF) in preterm infants, EoE Neonatal ODN. https://www.eoeneonatalpccsicnetwork.nhs.uk/wp-content/uploads/2023/01/BMF-post-discharge_post- final-Dec2022.pdf