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West Suffolk Specialist Infant Formula Policy

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: 1. All breastfed infants from birth to 1 year of age; 2. All babies having less than 500ml of formula daily; 3. All children from 1 – 4 years of age.
- This policy is applicable to infants **up to 18 months of age.** *Prescription formula is only to be continued until 12 months, unless at the direction of a paediatric Dietitian.* Milk-allergic babies can transition to plant-based milks from 12 months.
- 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 tins x 400g per month may be prescribed. Guidance regarding milk which comes in other sized tins or cartons is provided on pages 13-14 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.
- Please note that a referral to the paediatric dietitians for non-IgE milk allergy in formula or mixed-feeding infants will NOT be accepted until a diagnosis of allergy has been confirmed via a milk challenge, as detailed in on page 5 of this policy. Full guidance on conducting a milk challenge is provided on page 10.

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Executive abstract: the role of cow's milk protein exclusion in common presentations in infancy

1. Suspected non-IgE milk allergy (symptoms present within 2 to 72 hours after ingestion of milk)

An infant presenting with all three of the following features is likely to have non-IgE cow's milk protein allergy:

- gut symptoms (feed refusal, arching, unsettled, vomiting, diarrhoea, or constipation)
- faltering growth
- eczema

A cow's milk exclusion diet and referral to a dietitian once a milk challenge has been completed (formula and mixed feeding infants only) if appropriate. If infant is breast fed, please see guidance on page 4.

Start on prescription formula: see pages 13-14 of this guidance for further information.

2. Suspected IgE milk allergy (immediate onset of symptoms after ingestion of milk)

An infant who is usually breast-fed, but when given cow's milk protein formula for the first or second time reacts with the following features is likely to have IgE mediated cow's milk protein allergy:

- rash
- vomiting
- going floppy

A cow's milk exclusion diet for the mother and referral to a paediatrician for urgent review is appropriate.

If breastfeeding not to be continued (at mother's request), start on prescription formula: see pages 12-13 of this guidance for further information.

3. Gastroesophageal reflux

If reflux is not concomitant with faltering growth, refusal to feed, arching, or severe projectile vomiting there is no role for trial of hydrolysed cow's milk protein formula.

Symptoms should be treated according to NICE guidelines: Gastro-oesophageal reflux disease in children and young people: diagnosis and management

If reflux remains severe after treatment or is concomitant with other systems of allergy (dermatological and/or respiratory), a referral can be made to a dietitian once a milk challenge has been completed.

4. Blood and/or mucous in stools in infants <3 months and persistent over 1 week

If infant is breastfed, mother should continue to breast feed and start a milk-free diet and calcium and vitamin D supplements. If there is no significant improvement after two weeks, mother should continue to breast feed and start a two-week soya exclusion diet in addition to milk. Mother to drink oat or pea milk.

If infant is formula-fed, change to trial of hydrolysed formula (see table on page 12), and ask parent to complete a milk challenge (See Appendix 1) before referring to dietitians.

Note: Blood in stools may take up to 3 weeks to resolve and may continue to appear infrequently thereafter.

5. Mild dry skin or eczema in first 6 months of life, with no other symptoms

Treat all dry areas with once daily hydrocortisone for 2 weeks.

Thereafter, maintain weekend-only therapy for 8 weeks. If eczema is improved, cow's milk exclusion is unlikely to add benefit.

6. Severe eczema in the first 3 months of life, or soon after starting cow's milk formula

Treat with topical steroid. If poor response to topical treatment, trial cow's milk protein exclusion. A dramatic improvement in eczema should occur over 2-3 weeks.

Important: refer to paediatric allergy dietitian at this stage, for early weaning of peanut and egg to prevent other allergies developing.

If the improvement is not considerable within this time, the infant should return to cow's milk formula. Refer to dermatology for eczema.

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Suspected IgE Cow's Milk Protein Allergy

Symptoms occurring 5-120 minutes after feeding

Note: in the case of faltering growth please follow guidance on page 9

Breast-fed infants

Immediate symptoms

- urticaria and/or severe vomiting

Alongside longer-term symptoms

- poor weight gain and/or moderate to severe eczema

Advise mother to:

- follow a milk-free diet
- start calcium (1250mg/day) and
- vitamin D supplements (400IU/day)

Consider whether supplementary feeing is needed - see formula or mixed feeding pathway.

Refer to Paediatricians.

and

Refer to Allergy Dietitians for possible early weaning if under 6 months of age and eczema is present.

Please clearly state if patient has eczema.

Formula or mixed feeding infants

Immediate symptoms

- urticaria
- hives
- angioedema
- vomiting
- cough

Immediate symptoms

- anaphylaxis
- going pale or floppy

Advise to avoid cow's milk, cow's milk-based formula, and milk-containing foods

Prescribe eHF formula (see table 1, page 12)

Refer to Paediatricians.

and

Allergy Dietitians for possible early weaning if under 6 months of age and eczema is present.

Please clearly state if patient has eczema.

No milk challenge is required

If child remains symptomatic on eHF, e.g.

Immediate reaction to milk, persistent eczema, urticaria, vomiting, persistent cough, poor weight gain:

Prescribe Amino Acid formula (see table 1)

Immediate reaction to milk, persistent eczema, urticaria, vomiting, persistent cough, poor weight gain:

Prescribe Amino Acid formula (see table 1)

Refer to Paediatricians.

and

or Allergy Dietitians for possible early weaning if under 6 months of age and eczema is present.

Please clearly state if patient has eczema.

No milk challenge is required

Please note: All prescription formula should be stopped at 12 months of age unless you are informed by the Paediatric Allergy Dietitian that there is a reason to continue. Babies can transition to plant-based milks from 1 year of age. Please use the 4-step checklist to ensure stopping CMPA formula is appropriate – see Appendix 3, p14.

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Suspected Non-IgE Cow's Milk Protein Allergy in Exclusively Breast Fed Infants

Note: in the case of faltering growth please follow guidance on page 9

Symptoms

- colitis: blood or mucous in stool

Advise mother to:

- follow a milk-free diet for 2 weeks
- start calcium (1250mg/day) and
- vitamin D supplements (400IU/day)
- if no improvement seen, consider advising removal of soya for a further 2 weeks.
  No milk challenge is required

If symptoms improve:

Refer to Paediatric Allergy Dietitians for further input on milk free weaning and milk reintroduction.

If symptoms do NOT improve:

Consider another diagnosis.

Do not advise on further food removal from the maternal diet.

Symptoms

- Mild dry skin or eczema in first 6 months of life with no other symptoms

Treat all dry areas with once daily hydrocortisone for 2 weeks.

Thereafter, maintain weekend-only therapy for 8 weeks.

If eczema is improved: cow's milk exclusion is unlikely to add benefit.

Refer to Paediatric Dietitian for early weaning from 4 months.

Please clearly state eczema as reason for referral.

Symptoms

- Severe eczema in the first 3 months of life, or soon after starting cow's milk formula

Treat with topical steroid treatment.

If poor response to topical treatment: trial cow's milk protein exclusion. A dramatic improvement in eczema should occur over 2-3 weeks.

If the improvement is not considerable within this time, the infant should return to cow's milk formula.

Refer to dermatology or paediatrician for eczema.

Refer to paediatric dietitian for early weaning from 4 months.

Please clearly state eczema as reason for referral.

Symptoms

- unsettled behaviours
- drawing knees up
- colic
- constipation
- loose or frequent stools
- perianal redness
- abdominal discomfort
- wheeze
- rhinitis
- cough

These symptoms are unlikely to be indicative of milk allergy in an exclusively breast-fed child.

IF symptoms are strongly indicative of allergy, a period of milk exclusion and then reintroduction in the maternal diet is necessary for diagnosis – see iMAP guideline imap-supporting-breastfeeding-factsheet.pdf (wordpress.com)

Consider other diagnoses, such as reflux or tongue tie.

Consider consulting a lactation specialist.

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Suspected Non-IgE Cow's Milk Protein Allergy in Formula or Mixed Feeding Infants

Note: in the case of faltering growth please follow guidance on page 9

To be suspected of milk allergy, patients should be displaying symptoms from at least 2 of the 3 categories below

Skin symptoms:

- atopic eczema
- pruritis
- erythema.

Gastrointestinal symptoms:

- vomiting
- reflux
- loose or frequent stools
- constipation
- blood or mucous in stools
- food refusal or aversion
- perianal redness
- abdominal discomfort
- colic

Respiratory symptoms:

- rhinitis
- wheeze
- cough

Prescribe trial of eHF formula. Initially give 2 x 400g tins to establish taste tolerance. If accepted, prescribe a further 8 tins for the period of milk exclusion (3 weeks).

We would expect to see significant improvement in symptoms in this time.

After three weeks ask parent(s) to conduct a home milk challenge for up to 6 days, stopping if symptoms return significantly (see page 10).

Referrals to the dietitians will not be accepted without evidence of a home milk challenge being undertaken.

If symptoms return during home milk challenge:

Refer to Paediatric Dietitian **and**

If symptoms do not improve significantly on lactose-containing eHF (Aptamil Pepti, Althera), try moving to lactose-free eHF (Nutramigen LGG). In extreme cases only (systemic response, faltering growth) consider an amino acid milk trial for 2 weeks. Continue prescription only if marked improvement during this time.

Continue to prescribe formula until child is 12 months of age. Child <6m 10 x 400g tins per month, >6m 8 x 400g tins per month. See Appendix 2, P14 for further advice on prescribing quantities.

If no return of symptoms, CMPA can be ruled out and milk can be included in the diet. Consider an alternative diagnosis.

Please note: Non-IgE cow's milk allergy patients are seen in virtual group sessions due to the high number of referrals.

Exceptions would include those with eczema who may require early weaning, those with multiple suspected allergies other than milk or soya, or those over 1 year of age.

Please note: All prescription formula should be stopped at 12 months of age unless you are informed by the Paediatric Allergy Dietitian that there is a reason to continue. Babies can transition to plant-based milks from 1 year of age. Please use the 4-step checklist to ensure stopping CMPA formula is appropriate – see Appendix 3, p14.

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Frequently asked questions about cow's milk protein allergy CMPA)

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1. **Can goat's milk formula be used as a treatment for CMPA?**

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

2. **What happens when an infant reaches 1 year of age and is still CMPA?**

   If there are no issues with weight gain, children over 1 year can use oat, pea or soya 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 shown in the Nutrition box on the side of the pack. **Rice milk is NOT suitable for children under the age of 4½ years.**

   If these milks are not tolerated AND there are concerns over slow weight gain or inadequate diet, please ensure that the child has a review appointment with the paediatric dietitian.

3. **Are vitamin and mineral supplements required?**
   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 which can 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.

3. **What is Nutramigen 3 with LGG?**

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

4. **What is Neocate Junior?**

   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.

5. **What are Aptamil Pepti Syneo/Neocate Syneo?**

   This is a highly specialised eHF/amino acid formula with pre- and probiotics and the latter (Neocate Syneo) should only be advised by secondary / tertiary care and used under the direction of a Paediatric Dietitian. It is not suitable for use in premature or immunocompromised infants; it is not for use in post-pyloric feeding; it is not recommended for infants with a central venous catheter or short bowel syndrome without full consideration of all risks and benefits by a healthcare professional and monitoring of the patients.

6. **What is Neocate Spoon?**

   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 should only be used under direction of a Paediatric Dietitian.

7. **What is Similac Arize?**
   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.

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

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

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Managing Secondary Lactose Intolerance

(Usually follows an infectious gastrointestinal illness)

Please note that referrals for lactose Intolerance will **not** be routinely accepted by the paediatric dietitians, as this is a condition which should self-rectify over 8-10 weeks.

Symptoms present for more than 2 weeks

- Abdominal bloating
- Increased wind
- Loose, watery stools

Infants >12 months of age

Parent/carer to **purchase**
lactose-free, full fat milk.
Use in conjunction with a milk free diet.

Infants 0-12 months of age

If formula fed

Parent/carer to **purchase** lactose-free formula from supermarket or community pharmacy e.g. SMA LF, Aptamil LF. If weaned, use in conjunction with a milk-free diet

If breast fed

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

Symptoms improved

Parent/carer to 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.

Review after commencement of standard infant formula/milk

No return of symptoms

Continue with standard infant formula/milk

Symptoms not improved

Consider alternative diagnosis

e.g., cow's milk protein allergy.

See: Differential diagnosis | Diagnosis | Cow's milk allergy in children | CKS | NICE

Symptoms return

Return to **purchasing** lactose free formula or lactose free milk.
Refer to paediatric dietitian.

Note: there is no evidence for the use of lactase drops.

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Managing Faltering Growth

Ensure that UK WHO growth charts are used. See also: NICE guideline NG 75.

- A fall across 2 or more weight centiles, or a fall in height centile
- Weight falls below 2nd centile
- Weight >2 centiles lower than height
- Birth weight unrestored after 3 weeks

Children aged 2 years and under

Refer to Paediatrician

Whilst waiting for appt

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.

No

Refer to NICE guideline Faltering growth: recognition and management of faltering growth in children

Check feeding pattern, including feed volumes and tolerance. Continue breastfeeding with appropriate supplemental feeding.

CHECK! Is cow's milk protein allergy suspected?

Yes

Prescribe an Amino Acid formula for 3 weeks (see table 1) and monitor growth. After 3 weeks, ask parent(s) to conduct a home milk challenge for six days (see page 11).

If symptoms return but growth has improved: continue milk prescription and **refer** to Paediatric Allergy Dietitian.

If symptoms do not return and growth is not improved:

refer to general paediatric Dietetic clinic for high energy support.

No

Refer to Paediatric Dietitian and Paediatrician.

Stop by 18 months of age or when weight is ≥9kg.

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

Children aged over 2 years

Does child have a contributory underlying medical condition?

Yes/unsure

Refer to Paediatrician

No

- Involve health visitors to observe mealtimes
- Give simple advice around managing any behavioural aspects
- Ensure parents/carers are given advice on high calorie foods
- No improvement in growth after 6-8 weeks

Refer to Paediatrician

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Managing Preterm Infants

Infants born prior to 34 weeks and weighing <2kg at birth

(And baby is under 6 months corrected age)

Please note: Where appropriate, infant will be initiated on formula prior to discharge from hospital.

Do not initiate preterm formula in primary care unless mother stops or reduces breast feeds.

Formula fed infants

Prescribe

- Nutriprem 2 powder or SMA Gold Prem 2 powder as per clinic letter/discharge summary.
- Abidec drops at a dose of 0.6ml daily OR Healthy Start Vitamin Drops 5 drops per day.

Mixed feeding infants

Prescribe

- Nutriprem 2 powder or SMA Gold Prem 2 powder as per clinic letter/discharge summary.
- Abidec drops at a dose of 0.6ml daily OR Healthy Start Vitamin Drops 5 drops per day

Breast fed infants

Prescribe

- Nutriprem Fortifier as directed by secondary care
- Abidec drops at a dose of 0.6ml daily until 12 months actual age (parents to purchase after 6 months corrected age).
- Sodium Feredetate oral solution at a dose of 1ml/day until 6m actual age

Continue to prescribe until infant reaches 6 months corrected age

(6 months plus the number of weeks premature)

Change to a standard term formula thereafter and recommend Vitamin D and Abidec for self-purchase after this time.

(If no concerns with growth)

Please note: Only powdered formula should be prescribed.

Nutriprem 2 and SMA Gold Prem 2 liquids should not routinely be prescribed unless specifically directed by secondary care e.g. for an immunocompromised infant.

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This information in this leaflet is NOT appropriate for infants diagnosed with or suspected immediate IgE cow's milk protein allergy

Appendix 1

HOME MILK CHALLENGE

Guidance for parents on the use of special hypoallergenic milk formula for non-breast-fed infants with suspected cow's milk protein allergy.

Note: the following information and symptoms recording chart is available as a standalone document suitable for printing via this link 7146-1 Milk Challenge for formula fed babies. It is also available on DXS.

Introduction

Your child has been identified as possibly having a cow's milk protein allergy. This is because they are experiencing persistent symptoms such as vomiting, severe colic/abdominal pain, diarrhoea, blood in stool, difficulty passing stool, worsening eczema, rashes, poor weight gain/aversive feeding (usually more than one symptom).

These symptoms can also be caused by other medical reasons such as infection or reflux, and in some cases may be normal for your child. Therefore, you are being advised to exclude cow's milk for a 3-week trial to see if the symptoms your child is experiencing may be due to cow's milk protein.

Please follow the guidance below

1. You will be given a special infant formula to use that does not contain whole cow's milk protein. You should change all your infants' feeds to this formula. Infants may take a couple of days to accept the new taste, but it is important that you persist in offering it.
2. If your infant is already taking solid food, check the packaging of these and exclude any foods that include 'cow's milk' in the list of ingredients. Avoid foods made from milk, such as cheese, yoghurt etc.
3. Complete a Symptoms Recording Chart so that you can note any change of symptoms.
4. After 3 weeks, retry your normal formula following the guidance in the table below. This is important, as many infants have symptoms that get better on their own and do not need to continue with cow's milk exclusion.
5. Your GP or other health professional will advise you on whether your infant should continue with the special formula and will arrange further monthly prescriptions if needed. Occasionally, if symptoms have not improved, a different infant formula maybe given for a further 2 weeks. (The quantity of milk required for a 3-week trial will be 6-9 tins).

HOW TO REINTRODUCE STANDARD INFANT FORMULA

Guidance for parents, following a 3-week trial of cow's milk exclusion for non-breast-fed infants with suspected cow's milk protein allergy.

Days 1 – 21	Give special hypoallergenic formula and milk-free solid foods if weaning.
If your infant experiences immediate symptoms on the first day of retrying standard formula that include rash (itchy hives), swelling or cough you should return to giving the special formula ONLY and contact your GP	
Day 22	Give 1 teaspoon of standard formula After 3 hours give 15ml (½ oz) standard formula at one feed
Day 23	Give 30ml (1oz) standard formula at one feed

Days 24 and 25	Give 30ml (1 oz) standard formula at ALL feeds
Day 26	Replace half of all feeds with standard formula
Day 27	Replace all feeds with standard formula and continue unless you are advised to change

SYMPTOMS RECORDING CHART

Please complete and discuss with your health care professional or GP at the end of the trial

	Describe any symptoms	**Describe frequency of symptoms** e.g., every feed, daily, night only etc.
Before starting cow's milk exclusion		
Week 3 (Days 14 – 21 of cow's milk-free/ special formula)		
Week 4 (Days 21 – 27 reintroduction of standard formula)		

Appendix 2

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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.
Red indicates hospital initiation only.

Infants less than 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**	SMA Althéra Advance	400g	10
		Aptamil Pepti 1	400g	10
		Aptamil Pepti 1	800g	5
		Similac Arize	400g	10
		Aptamil Pepti Syneo*	400g	10
		Aptamil Pepti Syneo*	800g	5
		Nutramigen 1 with LGG*	400g	10
Milk Allergy	**Amino Acid**	Neocate LCP	420g	10
		Neocate Spoon	37g sachet	
		Neocate Syneo *	400g	10
		Neocate Junior (for infants over 1	400g	10
		Nutramigen Puramino	400g	10
		SMA Alfamino Advance	400g	10
Faltering Growth	**High energy**	SMA High Energy – first line	200ml	84
		Infatrini – second line	125ml	135
			200ml	84
			500ml	60
		Infatrini Peptisorb – second line	200ml	84
		Similac High Energy – second line	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 Fortifier	50 x 1g sachet	4 x boxes per month

*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.

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Infants over 6 months of age.

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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.

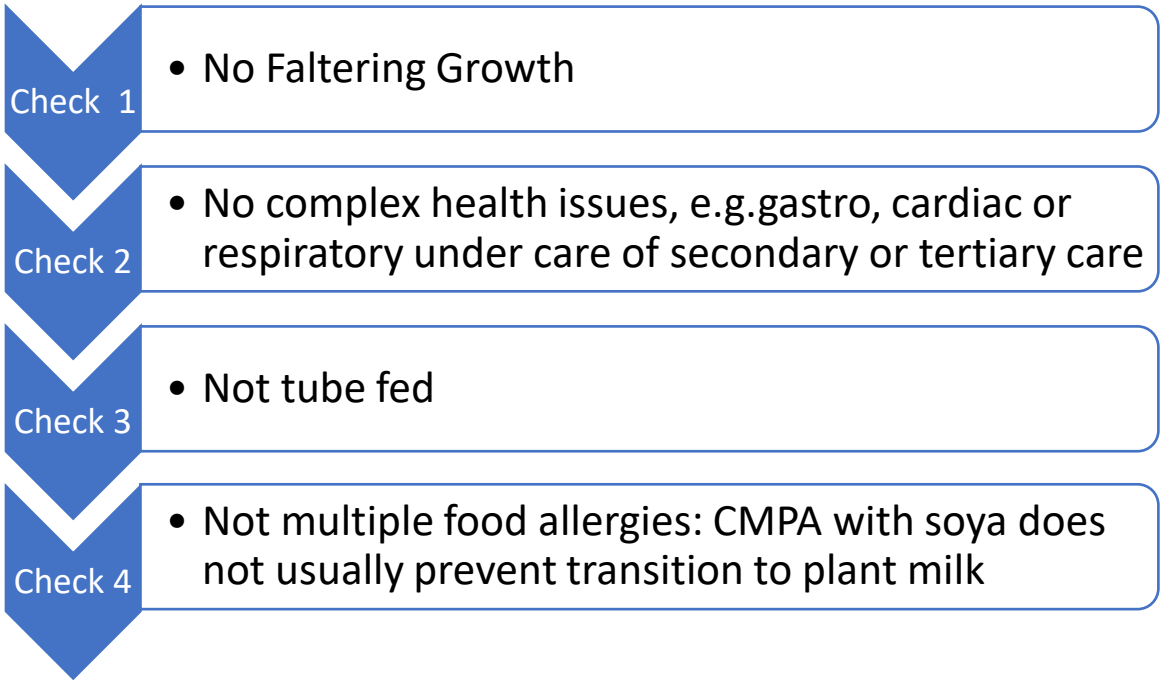
Condition	Type	Formula	Size of container	Max. number of containers per month
Milk Allergy	**Hydrolysed**	SMA Althéra Advance	400g	8
		Aptamil Pepti 2	400g	8
		Aptamil Pepti 2	800g	4
		Aptamil Pepti Syneo *	400g	8
		Nutramigen 2 with LGG *	400g	8
		Nutramigen 3 with LGG * (for infants > 1 year)	400g	8
		Similac Arize	400g	8
Milk Allergy	**Amino Acid**	Neocate Junior (for infants > 1year)	400g	Advised by dietitian
		Neocate LCP	420g	8
		Neocate Spoon	37g sachet	28
		Neocate Syneo *	400g	8
		Nutramigen Puramino	400g	8
		SMA Alfamino Advance	400g	8
Faltering Growth	**High Energy**	SMA High Energy – first line	200ml	84
		Infatrini – second line	125ml	135
		Infatrini – second line	200ml	84
		Infatrini Peptisorb – second line	200ml	84
		Similac High Energy - second line	200ml	84

*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
	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 3

4-Step Check for stopping allergy formula at 12 months – all 4 criteria must be met.



4-Step Check met	4-step check not met
• Stop the prescription and inform parents/guardians. • Advise a fortified plant-based milk can be used if child is not able to tolerate cow's milk yet. Provide leaflet: Moving on from Allergen-Free formula (available on DXS and WSHT internet: 7164-1 Moving on from allergen-free formula • Check that parent has received a copy of the milk ladder as part of their West Suffolk Hospital Trust dietetic education session. If not, please direct them to the document on the WSHT internet: Milk reintroduction	• Continue to prescribe allergy formula but set a number of issues to monitor ongoing need. • Child must remain under dietetic care: please contact us if there is no review for 6 months. • Paediatric Dietitian or paediatrician will advise when to discontinue prescription, move to plant-based milk and start the milk ladder.

Appendix 4

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Updates and changes January 2026

Page number	Change
2	Breastfeeding mothers excluding milk and soya from own diets advised to drink pea milk rather than the formerly advised coconut milk. Pea milk is higher in calories and protein and therefore closer to cow's milk nutritionally.
2	Indicated breast feeding can continue with maternal exclusion diet, no need to transition to formula unless parents request.
3,5	Advice box at bottom of page amended to include reference to new appendix 3, P14, 4-step check to stop CMPA formula.
5	Prescribed quantities suggested for trial prior to milk challenge. Number of tins advised for ongoing prescribing.
5	References to soya formula removed throughout document as soya is no longer available in the UK.
5	Suggested use of lactose-containing eHF as first line prescription, moving to lactose-free if not tolerated. ESPGHAN, 2024.
6	Pea milk added to suggested plant-based milk alternatives.
6	Reference to soya formula removed
6	Similac Arize added for secondary initiation only, or under the care of a dietitian.
8	Age at which birth weight should be regained corrected to 3 weeks, not 2, as per NICE NG75.
8	Addition of sentence to encourage continuation of breastfeeding with supplemental feeding, rather than transitioning straight to prescribed formula.
10	Link to printable document changed to WSH internet link as SNEE link not functional
12,13	Similac Arize added to formularies for both under and over 6 months of age
14	New Appendix added: 4-step check to stop CMPA formula at 12 months
15	References update to include 2024 ESPGHAN paper. BDA position statement on use of soya removed.