

## ***Food recommendations for infants at risk of allergy***

### **Where can I get further information?**

[www.allergy.org.au](http://www.allergy.org.au)

<http://www.allergy.org.nz/>

<http://www.kidshealth.org.nz/eczema>

Food allergy is a common problem, and we know some children are allergic to more than one food.

Here we try and answer some of the common questions about feeding new foods to babies who are at risk of allergies.

This includes:

- Babies who have already had one food allergic reaction
- Babies who have other family members with food allergy
- Babies who have had troublesome eczema.

From the NZ Paediatric Society Allergy Special Interest Group

Developed November 2014, for review November 2015

The content of this document is not intended to replace professional medical advice.  
Any questions regarding a medical diagnosis or treatment should be directed to a  
medical practitioner



**1. Should my child have allergy tests before they start eating new foods?**

Most often “no”. Interpreting food allergy tests where there is no story of an allergic reaction to that food is difficult. If a particular food is avoided because of a positive allergy test result, many children will end up avoiding foods they are not allergic to. This is because “sensitisation” (a positive allergy test) is much more common than true allergy (where there is a definite allergic reaction to a food). The only way to be certain about food allergy is if there is a reaction on eating the food.

Sometimes your Doctor may decide to test a panel of foods that your baby has not yet eaten. Foods that have been eaten without reaction should not be tested.

- Foods that test negative can be introduced in to your baby’s diet (unless you think there has been a reaction to that food).
- Sometimes foods test strongly positive, making allergy to these foods likely even if your baby has not yet eaten them.
- Often results are not definite for allergy and it is important to discuss with your doctor safe ways to see if such foods are OK for your baby to eat.

**2. What are the common food allergies?**

Milk, egg and peanut cause about 75% of the allergic reactions we see. Wheat, other nuts, fish and kiwifruit are also quite common causes of allergic reactions.

**3. Should I avoid giving my baby these common allergy foods?**

No. Delaying starting your baby on these foods will not prevent allergy to them, and may even make allergy more likely. We think there may be a “window” at about 4-7 months where introducing these foods in to the baby’s diet may make allergy less likely.

**4. So should I just start these foods as usual?**

If there is an increased chance of your child having food allergies you may want to take some precautions when you try a new food. For example:

- Start the food early in the day rather than the evening.
- Begin with a small taste rather than a large serving, and increase the amount over the next few tries of that food.
- Don’t start the new food if your baby is unwell – having a viral infection, particularly with wheezing, can make allergic reactions worse.
- Try the food on a day when you are at home and not in a hurry to do other things.

**5. What do I do if there is a reaction?**

If you think your baby has an allergic reaction to a new food then stop giving that food. If your baby already has an allergic reaction plan then follow the plan.

For mild to moderate signs or symptoms (swelling lips/eyes/face, hives or welts, tummy pain or vomiting) antihistamine may help your child feel better. Not all mild reactions need urgent medical review but if you are worried take your child to the Doctor.

If there are any signs or symptoms of a severe allergic reaction (difficulty breathing, cough, wheeze, pallor or floppiness) then you should call 111 for an ambulance and tell them your baby is having anaphylaxis.

**6. If there was a reaction what do I do next?**

Most often your child will need review by a paediatric specialist for allergy testing and to decide on the ongoing management plan. Many food allergies resolve with time so follow up and reassessment is important to help decide if this is happening for your child.