 

Quick Reference Guide - Recognition and management of non- IgE cow's milk allergy in children

# This pathway is intended for use by both primary and secondary care

Approval Date : Feb 2022 Review Date: Feb 2025 Version 1

We promote breast feeding as the best form of nutrition for infants and this should be promoted and supported wherever possible. Almost all children with cow's milk allergy can continue to be successfully breast-fed with modification of mother's diet under the direction of a dietitian.

Guideline and Pathway developed and ratified by the **Tees Valley Cow’s Milk Allergy Steering Group** and **Harrogate Dietetic Group** - all members have declared any conflicts of interest to maintain transparency

**Managing Cow’s Milk Allergy Pathway**

Step 1 -Allergy focused clinical history Feeding History/ Check Growth Parameters

Consider Alternative Diagnosis/Milk related Conditions

Suspected non IgE CMA

Suspected IgE CMA (acute reaction)

**Mild to Moderate Symptoms**

* advise milk exclusion- encourage continued breast feeding with maternal milk exclusion with Vit D + Calcium Supplement
* Prescribe EHF ( Extensively Hydrolysed Formula) for formula fed/ mixed feeding ( Not Soya Milk < 6 months),
* Provide patient information from Allergy UK/resources [(Appendix6)](#_bookmark3)

**Severe Symptoms**

Breast feeding- Maternal Milk exclusion with Vit D+ Calcium Supplements

Formula Fed/ Mixed feeding - Prescribe AA formula (Amino Acid Formula)

* Advise milk exclusion-if breast feeding, maternal milk exclusion with Vitamin D + calcium
* provide patient information from Allergy UK- Allergy action plans/ Antihistamines
* ***Do Not Re-challenge***

Referral to Secondary

care- Paediatric Allergy Clinic/ Dietician

EHF not accepted

Some

improvement

Improvement No Improvement

Education/strategy for

introduction [(Appendix 3)](#_bookmark0) Consider Alternative EHF

Consider extending trial for

further 2 weeks/alternative EHF or trial of AA formula Consider excluding soya as well (maternal diet/ if started solids)

If strong suspicion, Trial of AA

formula: Consider other exclusions-soy/eggs

Consider alternative diagnosis Or On-going concerns regarding faltering growth Seek Advice from secondary care

Re-challenge with cow's milk using iMAP guidelines after 4 week period

No return of Symptoms

Return of Symptoms

NOT CMA

Keep milk in diet, consider alternative diagnosis

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CONFIRM diagnosis of non-IgE CMA (Step 3)

Continue exclusion diet and signpost to resources/ websites

Refer to local dietetic services for further

support and advice

Review after 2-4 weeks

Step 2 -Trial of Milk exclusion [(Appendix 1](#_bookmark2)) up to 4 weeks- Minimum 2 weeks

Symptoms suggestive of CMA/parental concerns regarding possible milk allergy [(Diagnosing CMA)](#_bookmark1)

Continue strict milk free diet for 6 months after diagnosis or until 9-12 months of age (NICE 2011), Advise on reintroduction of milk proteins using milk ladder

**Diagnosing Cow’s Milk Allergy (CMA)** [(Primary Care (iMAP) guidelines](https://gpifn.org.uk/imap/)**,** NICE CMA guideline 116

**CMA:**

* 2 types need to be differentiated- IgE/non Ig CMA
* Symptoms varied in non- IgE CMA-Diagnosis can be a challenge
* Typically presents in the 1st year of life

**Allergy-focused clinical history**

* A family history of eczema, asthma, hay fever, allergic rhinitis or food allergy is more likely in IgE-mediated food allergy.
* Feeding history – check the source of cows’ milk e.g. is the infant breastmilk/formula fed or weaned onto solids.
* Presenting symptoms – Ask about **age** of first onset, **speed** of onset, **reproducibility, duration** and

**severity** following milk ingestion (IgE/ Non IgE CMA)

* Also ask about previous management including medication use and response to elimination/reintroduction Of foods- Rule out other Milk related conditions like reflux, lactose intolerance
* Weigh and measure the child to assess growth.

Follow Cow’s Milk Allergy Pathway

Urgent Referral to Secondary care- Allergy clinic/ Dietician

Red Flags:

History of Collapse/ Anaphylaxis Faltering Growth

Severe Atopic Dermatitis

FPIES Reaction – Profuse vomiting, collapse

Ongoing blood in stools despite intervention

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| **Mild-moderate non-IgE CMA** | **Severe non-IgE CMA** | **IgE CMA** |
| Mostly 2-72 hours after ingestion of cow's milk protein (CMP)Formula fed, exclusively breast-fed or at the onset of mixed feedingTreatment resistance- Eg atopic dermatitis or reflux, increases the likelihood of allergy | Mostly 2-72 hours after ingestion of cow's milk protein (CMP)Mostly formula fed, exclusively breast- fed or at the onset of mixed feedingTreatment resistance example atopic dermatitis or reflux, increases the likelihood of allergy | Mostly within minutes (maybe up to 2 hours) after ingestion of cow's milk protein (CMP)Mostly formula fed or at the onset of mixed feeding |
| *(Usually several of the following symptoms)***Gastrointestinal:*** Irritability – colic
* Vomiting – reflux – GORD
* Food refusal or aversion
* Diarrhoea like stools – loose and or more frequent
* Constipation – especially soft stools with excessive straining, abdominal discomfort, painful flutters
* Blood and/or mucus in stool in other otherwise well infant

**Skin:*** Pruritus (itching)
* Erythema(flushing)
* Nonspecific rashes
* Moderate persistent atopic dermatitis
 | *(Severe persisting symptoms of one or more of the following)***Gastrointestinal**:* Diarrhoea,
* Vomiting
* Abdominal pain
* Food refusal or aversion
* Significant blood or mucus in stools
* Irregular or uncomfortable stools +/-faltering growth

**Skin:*** Severe atopic dermatitis +/- faltering growth
 | *(One or more of the following symptoms)***Gastrointestinal*** Acute vomiting or diarrhoea, abdominal pain/colic.

**Skin**:* Acute pruritus, erythema urticaria angioedema
* Acute flaring of persisting atopic dermatitis Acute worsening of eczema,

**Respiratory**:* acute rhinitis +/- conjunctivitis

**Anaphylaxis*** Severe IgE mediated cow's milk allergy
* Collapse/pallor
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# Appendix 1: Hypoallergenic milk formulas

Choice of formula within each group should not be dependent on the cost of formula alone; additional benefits seen with formulas incorporating a prebiotic or probiotic can include a more rapid resolution of symptoms and a reduced likelihood of developing other atopic problems in the future. If a baby does not settle on one EHF they may settle with another EHF with a different base. Paediatric dietitians in each ICS are happy to offer advice about choice of EHF.

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| **Extensively Hydrolysed Formulas (eHF)** |
| **First line and alternative eHF** | **Age Range** | **Notes** |
| **Althera® (450g) (Nestle)** | Birth to 3 years | Whey based, contains lactose, medium chain triglycerides(MCT), more palatable for infants who have started weaning. |
| **Aptamil Pepti 1**® (400g/800g) **Aptamil Pepti 2**® (400g/800g) Aptamil Syneo (400g/800g)(Danone Nutricia) | Birth to 6 months 6 months – 2 years | Whey based, contains lactose( 3.8g per 100mls), more palatable for infants who have started weaning**Contains prebiotic oligosaccharides** (9:1 blend of Galacto- and Fructo-oligosaccharides(GOS/FOS)(Least level of Hydrolysis of Milk protein) |
| \***Nutramigen 1** with LGG® (400g)\***Nutramigen 2** with LGG® (400g)(Mead Johnson) | Birth to 6 months6 months to 2 years | Casein based, Lactose free**Note**: preparation instructions differ to other milk formulas. **Contains LGG(Lactobacillus Rhamosus) probiotics**-Clinically proven to accelerate return to cow’s milk and reduce risk of other allergic manifestations- *Not suitable for premature or**immunocompromised infants* |
| \***Similac Alimentum**® (400g) (Abbott)\****Currently Product recalled as of 11/03/2022*** | Birth to 2 years | Casein based, lactose content < 10mg/100 mls, Contains 33% MCT**Contains prebiotic** (2-‘FL HMO-Human Milk Oligosaccharide)- proven benefit for the gut bacteria and can affect systemic immune responses |
| Notes |
| * If first line formula is not tolerated/accepted, **STOP** and then trial an alternative eHF.
* For infants with **severe diarrhoea** trial **lactose free eHF first line**.
* Nutramigen 1 & 2 with LGG® and Neonate Syneo® should be prepared with boiled water cooled down to room temperature (not 70°C). **Note: This is currently not in line with DOH guidance on safe preparation of infant formula and parents should be made aware of the risk of infection.**
* Consider AAF if trial of two different eHF products have not been tolerated.
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| **Amino Acid Formula (AAF) for severe CMPA****DO NOT INITIATE IN PRIMARY CARE UNLESS SEVERE CMPA unresponsive or partially responsive to Ehf*****Criteria for AAF prescription – Severe symptoms, faltering growth, persistent blood in stools, poor response to EHF and CMA Strongly suspected, severe Eczema, Multiple food allergies*** |
| **Amino Acid Formula** | **Age Range** | **Notes** |
| **SMA Alfamino**® (400g)(Nestle) | Birth to 3 years | Contains 24.4% MCT ( Medium Chain Triglycerides) |
| **Neocate LCP**® (400g)(Nutricia) | Birth to 12 months | MCT 33%, Has added Nucleotides & DHA/ARA,(Docosahexanoic acid (DHA). Arachidonic Acid(ARA) |
| **Nutramigen Puramino**®(400g) (Mead Johnson) | Birth to 2 years | Contains 33% MCT |
| **Elecare** ( Abbott)\****Currently Product recalled as of 11/03/2022*** | Birth to | 33% MCT, Contains prebiotic (2-‘FL HMO-Human Milk Oligosaccharide)- proven benefit for the gut bacteria and canaffect systemic immune responses |
| **Neocate Syneo**® (400g) (Nutricia) | From birth | Amino acid formula with pre- and probiotics( HMO, DHA/ARA and Bifidobacterium Breve)*Not suitable for premature or immunocompromised infants***.** |

**Appendix 3: Improving acceptability of milk free formulas**:

EHF and AAF (see second line options) have an unpleasant taste and smell, which is better tolerated by younger patients. Some babies, especially those younger < 12 weeks might have no issues with acceptability. Unless there is IgE mediated or severe allergy, advice parents 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. Paediatric Dieticians will be able to support with specific advice if required.

Lactose-containing products (Althera and Aptamil Pepti) aids the palatability of the formula; however some non- CMA babies may have temporary lactose intolerance in addition to their milk allergic symptoms.

# Appendix 6: Useful resources for Parents/ Professionals Resources for Parents

* [Cow’s Milk Free Diet for Infants and Children; British Dietetic Association 2020.](https://patientwebinars.co.uk/wp-content/uploads/2020/03/Diet-Sheet-Milk-Free-Diet-Children-20.03.20.pdf)
* [iMAP guideline: The Early Home Reintroduction to Confirm the Diagnosis of Cow’s Milk Allergy](https://www.guidelinesinpractice.co.uk/download?ac=1685&%3A~%3Atext=Simply%20reintroduce%20cow%27s%20milk%20and%2Cinform%20your%20doctor%20or%20dietitian)
* [iMAP Milk Ladder](https://gpifn.files.wordpress.com/2019/10/imap_final_ladder-may_2017_original.pdf)
* [iMAP milk ladder receipes](https://www.gwh.nhs.uk/media/hribpee4/imapmilkladderrecipes201119.pdf)
* [iMAP fact sheet for infants with symptoms of a possible mild to moderate non-IgE mediated allergy whilst](https://gpifn.files.wordpress.com/2019/10/imap-supporting-breastfeeding-factsheet.pdf) [being exclusively or partly breastfed](https://gpifn.files.wordpress.com/2019/10/imap-supporting-breastfeeding-factsheet.pdf)
* [Allery UK Quick guide: Does my child have a Cows Milk allergy ?](https://www.allergyuk.org/wpcontent/uploads/2021/07/Does_My_Child_Have_A_Cows_Milk_Allergy_original_original.pdf)
* [Allergy UK Quick Guide: Cow’s Milk Free Diet Information For Babies and Children](https://www.allergyuk.org/wpcontent/uploads/2021/07/Cows_Milk_Free_Diet_Information_for_Babies_and_Children_original_original.pdf)
* [Allergy UK leaflet: Could it be Cow's Milk Allergy ?](https://www.allergyuk.org/wp-content/uploads/2021/08/Could-it-be-Cows-Milk-Allergy-Leaflet-1.pdf)

# Resources for Professionals

* [Presentation of Suspected Cow’s Milk Allergy (CMA) in the 1st Year of Life algorithm](https://gpifn.files.wordpress.com/2019/10/imap-presentation-algorithm-1.pdf)
* [iMAP Treatment algorithm: Management of Mild to Moderate Non-IgE Cow’s Milk Allergy (CMA)](https://gpifn.files.wordpress.com/2019/10/imap-treatment-algorithm.pdf)

# Appendix 7 -Useful online resources:

* British Society for Allergy and Clinical Immunology (BSACI) website. Available at <http://www.bsaci.org/index.htm>
* Allergy UK factsheets. Available at: [https://www.allergyuk.org/information-and-advice/conditions-and-](https://www.allergyuk.org/information-and-advice/conditions-and-symptoms) [symptoms](https://www.allergyuk.org/information-and-advice/conditions-and-symptoms).
* National Health Service: What should I do if I think my baby is allergic or intolerant to cows' milk? Available at: [https://www.nhs.uk/common-health-questions/childrens-health/what-should-i-do-if-i-think-my-baby-is-](https://www.nhs.uk/common-health-questions/childrens-health/what-should-i-do-if-i-think-my-baby-is-allergic-or-intolerant-to-cows-milk/) [allergic-or-intolerant-to-cows-milk/](https://www.nhs.uk/common-health-questions/childrens-health/what-should-i-do-if-i-think-my-baby-is-allergic-or-intolerant-to-cows-milk/).
* iMAP Milk Ladder. Published Oct 2013, available at: [http://ifan.ie/wp-content/uploads/2014/02/Milk-Ladder-](http://ifan.ie/wp-content/uploads/2014/02/Milk-Ladder-2013-MAP.pdf) [2013-MAP.pdf](http://ifan.ie/wp-content/uploads/2014/02/Milk-Ladder-2013-MAP.pdf).
* Allergy UK, Types of food allergy. Available at: [https://www.allergyuk.org/information-and-advice/conditions-](https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/36-types-of-food-allergy) [and-symptoms/36-types-of-food-allergy](https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/36-types-of-food-allergy).
* British Dietetic Association, Food factsheets. Available at [https://www.bda.uk.com/foodfacts/home.](https://www.bda.uk.com/foodfacts/home)