

Cows milk allergy (CMA)

What are the symptoms of cows milk allergy?

There are different patterns of CMA. Some children develop symptoms straight away after eating food containing cow's milk. These include skin rashes (hives or "nettle rash"), swelling of the lips/eyes or itching. Sometimes these symptoms can be severe (anaphylaxis) with wheezing or swelling in the mouth or throat.

Other reactions are "delayed". These can occur hours or a day or two after eating the food. For example eczema can flare up, wheezing can worsen or diarrhoea (sometimes with blood) and abdominal pain can develop.

Are children likely to be allergic to other foods?

Children with CMA are likely to be allergic to sheep's, goat's and sometimes soya milk. These milks are not suitable alternatives to ordinary cows milk formulas.

Can breast fed babies develop CMA?

Yes. Although breast feeding is the recommended way to feed ,your baby can be exposed to cows milk protein (and other potential allergens) through the breast milk.

THREE STEPS TO MANAGING CMA

STEP 1

The first step is considering the diagnosis and a trial of **exclusion of cows milk**.

If the pattern of CMA is severe or of sudden onset it is recommended that referral be made to a paediatrician with an interest in allergy for further blood and skin tests.

If the pattern is not so severe your GP may recommend an extensively hydrolysed formula (eHF).

Introduce an extensively hydrolysed formula (eHF); if also breast feeding exclude cows milk protein from the maternal diet.

Bottle fed/ mixed fed babies

Exclude cows milk protein from your diet: milk cream yohurt

Breast fed babies

STEP 2

The second step is to **confirm the diagnosis** by reintroducing cows milk protein.

If your infant improves on eHF this does not mean they have CMA. Reintroduction of cows milk protein is required. If symptoms worsen and then improve again with the removal of cows milk the diagnosis is confirmed.

Reintroduce cows milk protein - if symptoms recur then reintroduce an extensively hydrolysed formula (eHF); if the symptoms clear again the diagnosis is confirmed.

Bottle fed/ mixed fed babies

Reintroduce cows milk protein back into the maternal diet; if symptoms recur, exclude from diet again - diagnosis is confirmed if the symptoms resolve again.

Breast fed babies

STEP 3

The third step is to **safely reintroducing cows milk protein**.

If your child is well (no eczema) or has never had the severe form of CMP then your GP may suggest a home challenge. For other patterns of CMA hospital supervision may be required.

Gradually introduce cows milk protein under the supervision of an appropriate clinician and dietitian.

Bottle fed/ mixed fed babies

Gradually introduce cows milk protein under the supervision of an appropriate clinician and dietitian.

Breast fed babies

What is the new formula?

The formula that you have been provided with is : _____

This is an:

- an extensively hydrolysed formula (eHF)
- an amino acid formula

How much formula do I need ?

- Infants under 6 mth being exclusively fed on formula drink 150ml/kg/day
- Infants 6-12 mth require less as solids increase
- Children over 12 mth need 300ml milk substitute

AGE	NO OF TINS (28 DAYS)
Under 6 mth	13 x 400g tins
6-12 mth	7 - 13 x 400g tins
Over 12 mth	3 - 7 x 400g tins

Breast feeding mothers on a Cow's Milk Free diet

Because you normally receive most of your calcium from cows milk in your diet, it is important that breast-feeding mothers on a cow's milk protein free diet ensure they are taking adequate amounts of calcium and Vit D3. There are two ways to do this:

- seek other forms of calcium and Vit D3 in your diet
- take a supplement to ensure you are receiving 1250mg of calcium and 400 IU of Vit D daily (Natecal D3 2 daily)

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A GUIDE TO COWS MILK ALLERGY

