

Anaphylaxis UK

Infant weaning guidance

Apr 2020 // Edited and reviewed by Rachel de Boer, paediatric dietician at Evelina London Children's Hospital



Introduction

Introducing solid foods to your baby for the first time is an exciting milestone but often raises many questions for new parents including; when to begin, which foods to offer first, how much and how often to give food.

If a family member or your baby has a food allergy or eczema, you may have some additional concerns and questions about starting solids foods including whether there is anything you can do to reduce the risk of your baby developing food allergies.

In recent years several research studies have been undertaken to investigate the best way to try to prevent allergies in infants and young children. They have looked into how the timing of the introduction of the most commonly allergenic foods (including egg and peanut) affects the risk of developing an allergy to these foods.

This research has led to the development of special written guidance by the British Society for Allergy and Clinical Immunology (BSACI) which gives information on "how to prevent food allergies in babies at higher risk".

The recommendations are summarised on the following pages.



General weaning guidance

- Exclusive breastfeeding for around the first six months of life.
- If your baby does NOT have a food allergy already and/or does NOT have eczema its recommended that you follow the standard weaning guidelines given by the NHS. See the NHS website for more details

From around six months of age (but not before four months), introduce complementary foods (solids) including foods known to cause food allergies, alongside continued breastfeeding.

You may wish to introduce commonly allergenic foods one at a time and in small amounts so that you can spot any reactions. These can be introduced alongside other foods, once weaning is established, from around six months of age.

These commonly allergenic foods are:

- cows' milk (in cooking or mixed with food)
- eggs (eggs without a red lion stamp should not be eaten raw or lightly cooked)
- foods that contain gluten, including wheat, barley and rye
- nuts and peanuts (serve them crushed, ground or as a nut butter)
- seeds (serve them crushed or ground or as tahini)
- soya
- fish
- shellfish (don't serve raw or lightly cooked)



It is expected that these foods will all be tolerated without any issues in most babies.

Once introduced, if tolerated, it's recommended that you continue to offer these foods regularly (ideally at least a couple of times a week) to reduce the risk of an allergy developing.

Scientific evidence suggests that the introduction of hen's eggs and peanuts (in a suitable form for babies) in particular, should not be delayed past 6-12 months, as the evidence suggests this may increase the risk of developing an allergy to those foods.

Even if another family member has a food allergy, you should still follow these guidelines whilst taking any necessary precautions to keep the food allergic person safe.





Weaning guidance for babies with a food allergy or eczema

We know that some babies are at higher risk of getting a food allergy these include

- Babies with eczema (particularly severe eczema) or
- · Babies who already have a food allergy

If your baby has eczema (especially if the eczema is very bad), or already has a food allergy you may be able to reduce the risk of them developing other allergies by following the weaning guidance that has been developed by the BSACI. Research has shown that these babies may benefit from the earlier introduction of solids foods – from four months of age – including peanut and egg in a suitable form. You can find out more information and recommendations of how to introduce these foods in the following document.

<u>Infant Feeding and Allergy Prevention Guidance for</u>
Parents

We recommend that you follow this guidance in consultation with your baby's GP, Health Visitor or Allergy Specialist.



Weaning and allergies research

If you would like to read more about the two major studies that have contributed to the development of the BSACI guidance, further information is available on the following websites

The LEAP Study and the EAT Study

