What is cows’ milk allergy?

CMA is a type of food allergy, caused by an adverse immune response to one or more of the proteins in cows’ milk. CMA usually presents after the introduction of cows’ milk-based formula or weaning foods after a single or a few exposures\(^1\). Symptoms may be:

- **Immediate:** occurs usually within minutes of having cows’ milk and may include swelling of the lips, tongue or face, rash, vomiting, diarrhoea and sometimes wheezing and rhinitis\(^2\).
- **Delayed:** these come on over a few hours or days and are more difficult to associate with cows’ milk consumption. They may include symptoms such as eczema, reflux, colic, poor growth, diarrhoea or even constipation\(^2\).

CMA is the most common food allergy in infancy. The symptoms can be similar to other feeding problems and parents may look to healthcare professionals for advice about their baby’s symptoms, which puts them in an ideal position to provide guidance on all aspects of infant feeding.

**Parent consultation**

Mrs Smith is very upset – she has been breastfeeding and has just introduced formula milk into her 4-month-old son’s diet and he seems to become very flushed, have stomach cramps and be sick as soon as he has had a feed.

**Questions to ask**

To try and understand Mrs Smith’s situation, you could gain a clearer picture by asking her the following questions:

- How is her son fed (how recently was formula introduced, has he been offered any weaning foods)?
- Does either parent have any history of allergic disease?
- How long after having formula milk does he vomit?

**Management of CMA**

You can help parents like Mrs Smith by providing them with reassurance, education and practical guidance. Discuss the dietary changes that may be necessary.
Breast is best
Breastmilk provides a baby with perfectly balanced nutrition, which is why both the Department of Health and the World Health Organization recommend exclusive breastfeeding for the first six months of a baby’s life. However, many mums either choose not to or can’t breastfeed. In this instance, infant formula milks provide the only alternative to breastmilk.

The Infant Formula and Follow on Milk Regulations put healthcare professionals in the position to give parents the important support and advice that they need.

Reassurance
Assure the parents that CMA affects up to 5 per cent of infants and that it often resolves between the ages of one to three years as the immune system matures. Explain that they should have the condition diagnosed by their GP, and it can be managed by excluding cows’ milk from the diet.

Educate
Provide some educational support about CMA. Explain:
• What an allergy is, and how it differs from lactose intolerance*
• Management is by the total avoidance of cows’ milk from the baby’s diet, using specialist infant milks if the mum is bottlefeeding
• They can get more information from the Aptamil Careline, www.aptaclub.co.uk or NHS Choices.

Practical guidance
If the baby is diagnosed with CMA and is prescribed a hypoallergenic milk, you can provide some practical advice by discussing how to introduce the milk so that the baby accepts it (as it tastes different from standard formula milks). You could also explain that the baby may have looser, greener stools and that this is normal because of the special composition of the formula. Advise them on what ingredients to look out for in foods when they start weaning their baby*.

Management options
Dietary changes: Management of CMA is by the total avoidance of cows’ milk in the baby’s diet. If mum is breastfeeding, some cows’ milk from her diet can pass into the breastmilk. For most infants with CMA this will be tolerated. However, if the infant is suffering from continued symptoms then mum should be advised to try a strict cows’ milk-free diet (with appropriate dietary advice and vitamin D and calcium supplementation). If a baby is being bottlefed, they will be prescribed a hypoallergenic formula milk without cows’ milk or with the cows’ milk broken down. There are three main types:
• Extensively hydrolysed formulas (EHF). There are two types: Whey based (e.g. Aptamil Pepti 1 & 2) and casein based (e.g. Nutramigen Lipil 1 & 2) – these are usually recommended in mild to moderate cases of CMA
• Amino acid formulas (AAF) (e.g. Neocate LCP) – these are usually recommended in more severe cases of CMA
• Soya formulas (e.g. SMA Wysoy) – these are not advised as a first choice in the management of CMA because of the phytoestrogen content, and many babies with CMA will also be allergic to soya.

Aptamil Pepti: Is an EHF milk that can help relieve the symptoms of CMA.

The formula:
• Is tolerated by 97 per cent of infants with proven CMA
• Contains galacto- and fructo-oligosaccharides, which feed the beneficial bifidobacteria in the gut, and nucleotides
• Stage 1 – a nutritionally complete formula, suitable from birth
• Stage 2 – suitable from six months of age to complement a cows’ milk-free weaning diet, enriched with calcium, iron and vitamin D.

Refer parents to the GP if:
• The baby has symptoms of CMA as they should always get a proper diagnosis
• Parents have tried specialist hypoallergenic formula milk but symptoms persist
• The baby is having problems feeding or is not putting on weight.


*For more information visit www.aptaclubprofessional.co.uk/allergies.