COWS' MILK ALLERGY

PARENT SUPPORT

Aptamil Pepti
INTRODUCTION

For babies diagnosed with cows’ milk allergy, information and guidance for parents can be limited. That’s where this Parent Support book comes in.

It has been written specifically to help fill that knowledge gap. In it, you will find information and insights that will help you understand and manage your baby’s journey through cows’ milk allergy – explaining why your baby has been prescribed Aptamil Pepti instead of their usual formula, how it can be used during weaning, plus practical tips on managing your infants’ cows’ milk free diet.

Of course it’s only natural to feel worried when your baby is diagnosed with cows’ milk allergy, but now that you know the cause of your baby’s symptoms, you can take positive steps to help manage their cows’ milk allergy and this book will help.
WHAT IS COWS’ MILK ALLERGY AND HOW COMMON IS IT?

Cows’ milk allergy is a reaction to one or more of the proteins present in cows’ milk that results in distressing symptoms for infants.

Cows’ milk allergy is the most common food allergy in children under three years of age, with estimates of its prevalence varying from 2% to 7.5% in babies under one year old. By the age of three, most children will have outgrown this particular allergy, but for a few it may last longer – until they’re around six to eight years old.
Cows' milk allergy is difficult to diagnose, as other symptoms can mask the underlying cause. As a result, it is estimated that up to 15% of babies may show symptoms that suggest cows' milk allergy, although the actual incidence is less than half of that at the most.²

If cows' milk allergy is affecting your baby, he/she may become very unsettled and start to develop particular symptoms that are typically associated with his/her skin, gut or breathing...

### SYMPTOMS

<table>
<thead>
<tr>
<th>DERMATOLOGICAL (SKIN)</th>
<th>GASTROINTESTINAL (GUT)</th>
<th>RESPIRATORY (BREATHING)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itching</td>
<td>Excessive crying</td>
<td>Runny nose/snifflies</td>
</tr>
<tr>
<td>Redness</td>
<td>Vomiting</td>
<td>Wheezing</td>
</tr>
<tr>
<td>Eczema</td>
<td>Food refusal or aversion</td>
<td>Coughing</td>
</tr>
<tr>
<td>Hives (raised, itchy rash)</td>
<td>Reflux</td>
<td>Sneezing</td>
</tr>
<tr>
<td>Swelling</td>
<td>Constipation</td>
<td>Itchy/blocky nose</td>
</tr>
<tr>
<td></td>
<td>Perianal redness (red bottom)</td>
<td>Conjunctivitis</td>
</tr>
<tr>
<td></td>
<td>Diarrhoea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdominal pain or discomfort</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood and/or mucus in stools in an otherwise well infant</td>
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</tr>
</tbody>
</table>

While some babies may display only one of these symptoms, it is not unusual for several symptoms to occur and in rare cases there can be an extreme anaphylactic reaction to cows’ milk.

The time it takes for a baby to respond allergically to cows’ milk can also vary significantly. Immediate cows’ milk allergy, as the name suggests, will occur right away, while delayed cows’ milk allergy can develop after several hours or even the next day.

The key thing to remember is that all babies are different and it is therefore very important that your baby sees a Healthcare Professional to discuss their particular symptoms.
What is it in cows’ milk that causes my baby to develop these symptoms?

It is usually one or more of the proteins present in cows’ milk that triggers an immune response in the body and causes these symptoms.

Although most children eventually grow out of their cows’ milk allergy, its diagnosis and management can be a worrying time for parents. The good news is, with prompt diagnosis by a Healthcare Professional, treatment and expert dietary advice, cows’ milk allergy can be effectively managed and its impact reduced to a minimum.

Is lactose intolerance the same as cows’ milk allergy?

No. A baby that is lactose intolerant will usually experience less severe reactions than one with an allergy.

As with cows’ milk allergy, symptoms of lactose intolerance can include diarrhoea, vomiting, and stomach cramps but not usually skin related symptoms or breathing difficulties.

Babies that are lactose intolerant are usually prescribed lactose free formulas and have a diagnosis of lactose intolerance. This is not a milk allergy and the reaction does not involve an immune response.

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Managing cows’ milk allergy involves removing all cows’ milk from your baby’s diet, so you’ll need to get familiar with reading food labels and ingredients, as milk can be present in other foodstuff.

The following pages will help you know where and what to look for in the supermarket. There’s also some appropriate feeding advice about formula milks now that your baby has been diagnosed with cows’ milk allergy.
Food labelling laws are in place to help, and common allergens, like milk, have to be declared on pre-packaged foods. By law, all manufactured foods sold in the UK (and across the EU) must tell you if cows’ milk (or milk from any animal such as goat, sheep or buffalo) or a derivative of these, is an intended ingredient.

As you can see in the example below, the word ‘milk’ will be clearly highlighted in the ingredients list. If you check the ingredients list you will be able to tell if the product contains cows’ milk or not. Milk cannot be hidden under another name.

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**Example label**

**INGREDIENTS**
- Water, Carrots, Onions, Red Lentils (4.5%) Potatoes, Cauliflower, Leeks, Peas, **Wheat flour**, Cream (**milk**), Yeast Extract, Concentrated Tomato Paste, Garlic, Sugar, **Celery** Seed, Sunflower Oil, Herb and Spice, White Pepper, Parsley

**ALLERGY ADVICE**
- For allergens see ingredients in **bold**

The following is a list of all the names that are used to show that a derivative of milk is contained in a product. In the UK and EU we do not need to look for this list of names as milk derivatives are always clearly labelled as ‘milk’, however outside the UK and EU it may be useful to know these names because the food labelling laws differ.

- **Butter, butter fat, butter oil**
- **Buttermilk**
- **Casein/Caseinates (in all forms)**
- **Cheese**
- **Cream**
- **Curds**
- **Custard**
- **Ghee**
- **Lactose**
- **Milk (in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low fat, malted, milk fat, non fat, powder, protein, skimmed, solids, whole)**
- **Milk protein hydrolysate**
- **Rennet casein**
- **Sour cream, sour cream solids**
- **Sour milk solids**
- **Whey (in all forms)**
- **Whey protein**
- **Yogurt**
If your baby is being formula fed and has been diagnosed with cows’ milk allergy, your Doctor may prescribe an extensively hydrolysed formula like Aptamil Pepti. The protein in these formulas has been broken down into smaller pieces so that the baby’s immune system does not recognise it as an allergen. The process of hydrolysis does not affect the nutritional value of the formula.

Soya formulas are not recommended before 6 months as they contain phytoestrogens (plant-based compounds with oestrogen-like properties), and infants who react to cows’ milk-based formulas often also react to soya-based formulas.

In some cases your baby may be reacting to the milk proteins passing from your diet into your breastmilk. If your baby is diagnosed with cows’ milk allergy and you’re breastfeeding, you may have to change your diet, but, as it is quite rare, this should only ever be done after consulting your Healthcare Professional.
Aptamil Pepti has been developed for the dietary management of cows’ milk allergy. It is similar in composition to our standard infant milks, apart from the protein, which has been broken down (extensively hydrolysed) to make it less likely to cause an allergic reaction.

Available in two forms, Aptamil Pepti 1 and 2 they contain; long chain polyunsaturated fatty acids (LCPs) Omega 3 and Omega 6, and nucleotides. Aptamil Pepti 1 and 2 are the only extensively hydrolysed formulas to contain Galacto- and Fructo-oligosaccharides (GOS/FOS). Aptamil Pepti also includes lactose for improved taste.
Aptamil Pepti 1 is an extensively hydrolysed formula made with 100% whey protein suitable from birth available on prescription in 400g & 800g tins. Powders are not suitable for a vegetarian or vegan diet and are not Halal approved.

Aptamil Pepti 2 supports a restricted, cows’ milk-free weaning diet for babies over 6 months, and includes extra calcium, vitamin D and iron. It is made with 100% whey protein and is also available on prescription in 400g & 800g tins. Powders are not suitable for a vegetarian or vegan diet and are not Halal approved.
SWITCHING TO APTAMIL PEPTI

Your baby will need up to two weeks to adjust to a new formula. You may notice some differences in their nappies – their stools may change in frequency and may turn green in colour. This type of change is perfectly normal and is due to the fact that the nutritional content of the new milk and ingredients might be different to their previous milk. Your baby’s digestive system may need a little while to adjust to the new diet.

Do I prepare Aptamil Pepti in the same way as any other formula?

All infant formulas are different so it is important to check the preparation instructions before using the product. Instructions for Aptamil Pepti are shown on the following page and can also be found on pack.

When can I expect my baby’s symptoms to improve?

Every baby is different. Some symptoms may resolve very quickly, others may take longer. As a guideline you can expect most symptoms to improve significantly within 2 weeks.

If symptoms seem to get worse, do not show signs of improvement, or if you have any concerns, it is important that you consult your Healthcare Professional.
HOW TO PREPARE APTAMIL PEPTI 1 & 2 MILK FROM POWDER

**STEP 1**
Wash hands and sterilise all utensils according to manufacturers’ instructions.

**STEP 2**
Boil 1 litre of fresh water. Leave kettle to cool for no longer than 30 mins. Measure the required amount of water (refer to feeding guide) into a sterilised bottle. Be careful of scalding. Do not use artificially softened or repeatedly boiled water.

**STEP 3**
Using the scoop provided level off the powder with a clean knife. Do not press/heap the powder.

**STEP 4**
Add the correct measure of powder to the water. Adding too many or too few scoops can be harmful. Cap the bottle and shake vigorously for 25 seconds to dissolve the powder. Remove cap and replace with a sterilised teat.

**STEP 5**
Cool under running tap. Check temperature of feed. Feed immediately.

**Feeding instructions**
Make up each feed as required. For hygiene reasons, do not store made up feeds – always discard unfinished feeds as soon as possible and always within 1 hour. Never add extra scoops or anything else to your baby’s feed. Do not heat in a microwave, as hot spots may occur and cause scalding. If necessary offer cooled, boiled water between feeds. Always use the scoop provided. Please note the colour of the scoop in this pack may change from time to time.
Weaning is the gradual introduction of foods and usually takes place at around 6 months of age (and never before 17 weeks). If your baby can coordinate their hands and eyes to guide objects to their mouth, they may be ready to start weaning. This is an important stage in their development and should only be started when you are sure they are ready. A sudden, short-lived increase in appetite is not a sign of readiness for weaning.

Every baby is an individual, but there are three clear signs that, together, show your baby is ready for solid foods alongside breast milk or formula. The NHS recommends that the time to start weaning is when:

1. Baby can stay in a sitting position and hold their head steady.
2. Baby can co-ordinate their eyes, hands and mouth so they can look at the food, pick it up and put it in their mouth, all by themselves.
3. Baby can swallow food. Babies who are not ready will push their food back out with their tongue, so they get more round their face than they do in their mouths.

Initially when you start weaning most of the baby’s nutrition will come from their breastmilk or formula, but over time the amount of formula will reduce and food from a mixed diet becomes their main source of nutrition.
WHERE DO I START?

When you first introduce solid foods, it’s best to choose a time when your baby is calm and alert, and you have plenty of time to let them explore and experiment, as well as deal with any mess. Try not to give them solids when they are really hungry, too tired or expecting their usual milk, as they could get frustrated.

To begin with you may notice that your baby pushes food back out of their mouth. This doesn’t mean they don’t like the food. Until now your baby has only ever encountered liquids and they have to learn to move more solid foods around their mouth and swallow.

Start by offering a small amount of puréed food from the tip of a spoon. One to two teaspoons is enough to start with. Your baby will soon learn to form a bolus (a small mass of food) and move it to the back of their mouth to swallow it.

As your baby gets the hang of eating, you can gradually build up the amount and type of foods you offer, until they’re enjoying two to three varied meals each day. If your baby seems enthusiastic, it’s fine to offer them more.
DISCOVERING NEW TASTES AND TEXTURES AT 7–12 MONTHS

The consistency, texture and range of foods need to change as your baby grows. Your baby will soon learn to bite and chew, hold a spoon and eventually feed themselves, so this is the perfect opportunity to encourage them to eat a varied, balanced diet and establish healthy eating habits that will last into childhood and beyond.

At this age, once your baby has learned to take soft food from a spoon, you can think about introducing mashed foods with soft lumps. Your baby will also be able to pick things up, so offer soft finger foods too, such as cooked carrot sticks or fingers of toast.

This is also the time to introduce foods rich in a range of important vitamins and minerals, such as iron. Aim for a healthy, balanced diet, similar to that for yourself, but without salt or added sugar.

For more information on weaning visit aptaclub.co.uk

Useful advice is available on the NHS website http://www.nhs.uk/conditions/pregnancy-and-baby/pages/solid-foods-weaning.aspx
HOW DO I START THE WEANING PROCESS IF BABY IS ON APTAMIL PEPTI?

Wean as normal, but use Aptamil Pepti to mix foods where you would usually use cows’ milk or cows’ milk formula, such as making up porridge or in mashed potato.

You can use dairy alternatives such as dairy free margarine, dairy free cheese, dairy free yogurt. These can be used instead of dairy products. They may be soya based or made from coconut, nuts, rice or pea protein.

You will find a good selection of dairy free products in the supermarket or you can visit health-food shops.

If you are using products from the ‘free-from’ range be careful to check the ingredients carefully as some of them are not dairy free.

Be aware that some products are only lactose free and therefore still contain whole cows’ milk protein. These are not suitable for your baby.

Many foods are naturally dairy free such as unprocessed meat, fish, vegetables, fruit, nuts, rice, beans/lentils (pulses) and grains so there are still plenty of nutritious foods you can still buy to feed your baby. Foods can be fresh, frozen or tinned, but avoid those with added salt or sugar.

Other foods to avoid giving baby are honey, whole nuts, low fat foods, shark, swordfish and marlin, raw shellfish and raw/under-cooked eggs.
FAQ

**Q** SHOULD MY BABY STAY ON APTAMIL PEPTI AFTER 12 MONTHS OF AGE?
**A** There is no harm in staying on the formula beyond 12 months and for babies who need to boost their nutritional intake it can be a helpful addition to their dietary intake. Made-up formula can be used in cooking as soon as baby starts weaning and for as long as is necessary.

Speak to your Healthcare Professional about whether your baby should stay on formula after 12 months; every case is individual.

**Q** WHEN WILL I SEE AN IMPACT OF SWITCHING TO APTAMIL PEPTI?
**A** Every baby is different. Some symptoms may resolve very quickly, others may take longer. As a guideline you can expect most symptoms to improve within 2 weeks.

If symptoms seem to get worse, do not show signs of improvement or you have any concerns it is important that you consult a Healthcare Professional.

**Q** I HAVE HEARD OF THE MILK LADDER - WHAT IS THIS?
**A** This is the re-introduction of cows’ milk into the baby’s diet starting with baked cows’ milk where it is an ingredient in foods. The end of the milk ladder is when your baby is able to drink cows’ milk. This is something your Healthcare Professional or dietitian can help you with. Do not start without having sought professional advice as some babies may not be ready to start the milk ladder.

**Q** WHY HAS MY BABY’S POO TURNED GREEN?
**A** When switching formula, your baby will need up to 2 weeks to adjust. You may notice some differences in their nappies – their stools may change in frequency, consistency and colour – this is because the composition of the new formula and the ingredients might be different to their previous milk; also baby’s digestive system may need a little while to adjust.

In Aptamil Pepti 1 & 2 the broken down proteins may cause your baby’s poo to turn green. This is perfectly normal and shouldn’t be a cause for concern. For anything else out of the ordinary, we recommend you get in touch with your Healthcare Professional.
FAQ

Q WHAT IF I DON’T SEE A CHANGE IN BABY WHEN MOVING TO APTAMIL PEPTI?
A If you see no signs of improvement or you have any concerns, it is important you consult your Healthcare Professional who may advise a formula for severe cows’ milk allergy.

Q WHAT IF MY BABY DOESN’T SEEM TO LIKE THE TASTE OF APTAMIL PEPTI?
A Aptamil Pepti does taste different to other Aptamil formulas due to the broken down proteins but this is normal. Other extensively hydrolysed formulas are not as palatable as Aptamil Pepti so it’s worth sticking with Aptamil Pepti for at least 2 weeks.

Q WHAT DOES APTAMIL PEPTI CONTAIN THAT OTHER STANDARD FORMULAS DON’T?
A Aptamil Pepti is similar in composition to our standard milks, apart from the protein which has been broken down (extensively hydrolysed) to make it less likely to cause an allergic reaction.

Q HOW MUCH FORMULA SHOULD I BE GIVING MY BABY AT EACH STAGE OF WEANING?
A As a guide the table below can be found on the back of each pack of Aptamil Pepti. However always use the quantity of Aptamil Pepti as advised by your Healthcare Professional.

Q IS THERE ANY DIFFERENCE IN THE PREPARATION OF APTAMIL PEPTI VS. OTHER APTAMIL FORMULAS?
A You may find Aptamil Pepti requires a longer period of vigorous shaking than some other formulas, so we recommend shaking for 25 seconds or until all of the powder is dissolved. Many formulas have different preparation instructions so it is always important to check the back of pack instructions before preparing.

<table>
<thead>
<tr>
<th>Approx. age</th>
<th>Approx. weight</th>
<th>No. of feeds per 24 hours</th>
<th>No. of level scoops per feed (1 scoop=4.5g)</th>
<th>Quantity of water per feed (approx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>7.5 kg / 16.5 lb</td>
<td>6</td>
<td>3</td>
<td>120 ml / 4 fl oz</td>
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<tr>
<td>2 weeks</td>
<td>8.0 kg / 17.6 lb</td>
<td>6</td>
<td>4</td>
<td>160 ml / 5 fl oz</td>
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<td>2 mths</td>
<td>11.0 kg / 23.9 lb</td>
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<td>6</td>
<td>210 ml / 7 fl oz</td>
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<td>4 mths</td>
<td>14.5 kg / 32.0 lb</td>
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<td>7</td>
<td>240 ml / 8 fl oz</td>
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<td>6 mths*</td>
<td>16.5 kg / 36.5 lb</td>
<td>4</td>
<td>8</td>
<td>270 ml / 9 fl oz</td>
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<tr>
<td>7-12 mths</td>
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<td>3</td>
<td>7</td>
<td>210 ml / 7 fl oz</td>
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* Assumes weaning at 6 months.
VISIT APTACLUB
for further information on
COWS’ MILK ALLERGY & WEANING

aptclub.co.uk

References:

IMPORTANT NOTICE: Aptamil Pepti should only be used under medical supervision, after full consideration of the feeding options available, including breastfeeding. Aptamil Pepti is suitable as the sole source of nutrition for infants and as a principle source of nourishment with other foods for children.

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