Table 1: A quick guide to strategies for reducing allergy development risk in babies. The advice does not apply to infants with proven/suspected food allergy or other allergic disorders (e.g. eczema), who need specialist support.

<table>
<thead>
<tr>
<th>Family history of allergy</th>
<th>No history – low risk</th>
<th>1 member with allergy – high risk</th>
<th>OR</th>
<th>Both parents with allergy – high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnancy</strong></td>
<td>• Consume a healthy, balanced diet during pregnancy, containing foods from all 5 food groups. Restricting maternal diet in pregnancy is not advised</td>
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<td></td>
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<tr>
<td><strong>First 6 months of life</strong></td>
<td>• Exclusive breast feeding is the first choice.</td>
<td>• Exclusive breast feeding is the first choice*</td>
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<td></td>
<td>• Where formula milk is used, a cows’ milk formula is recommended. Mothers can also use a partially hydrolysed formula</td>
<td>• Where formula is used, partially hydrolysed whey or fully (extensively) hydrolysed casein-based milks are recommended</td>
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<tr>
<td></td>
<td>Follow expert guidelines on the introduction of different textures and variety into the diet</td>
<td>Infants at highest risk who are not breast fed should be given fully hydrolysed casein-based formula milk</td>
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<td></td>
<td>Weaning: Weaning onto semi-solid/solid foods should not start before or beyond 6 months, definitely not before 4 months. If using infant formula, follow-on formula can be introduced at the appropriate time</td>
<td>DO NOT USE other milks, including soya, goat or standard cows’ milk formulas or off-the-shelf non-formula milks from these sources</td>
<td></td>
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</tr>
</tbody>
</table>

*There is no evidence to support maternal avoidance of allergens but the Dept of Health advises that breastfeeding mothers ‘may wish to avoid peanuts’ (COI Report, see References).

**Who is at risk?**

Infants born to families with a history of atopy are more at risk of developing allergic diseases than those born to non-atopic families (Table 1), with genetic influences most definitely playing a role. It is important that we should be able to identify those at risk, using the following guidelines:

- Both parents have identical allergy – child’s chance of becoming allergic is 72%; both parents have non-identical allergies – child’s chance of becoming allergic is 43%; one parent has allergy – child’s chance of becoming allergic is 20%; one sibling has allergy – child’s chance of becoming allergic is 32%; neither parent is allergic – child’s chance of becoming allergic is 12%.

An infant at high risk of developing allergic disease is therefore defined as an infant with at least one first-degree relative with documented allergic disease.

**Guidelines for health care professionals**

Health care professionals should be aware of the current advice regarding dietary measures for the prevention of allergic disease in children at risk of developing an allergy. Dietary guidelines for allergy prevention, summarised by Muraro and colleagues, state that:

- Mothers should aim to breast feed exclusively for 6 months (but at least 4 months); if mothers cannot breast feed or choose not to, they should use an extensively hydrolysed formula milk (casein-based) until 4 months of age; partially hydrolysed whey formula may have an effect in terms of allergy prevention, although this seems to be less than the effects of extensively hydrolysed casein-based formula.

- Von Berg et al. showed that both an extensively hydrolysed (casein-based) and a partially hydrolysed formula led to less allergic disease in offspring compared with infants who received a standard infant formula. Further analysis of the results, however, showed that only the extensively hydrolysed formula (casein-based) led to less allergic disease when the mother herself had atopic dermatitis.

The Food Allergy and Intolerance Specialist group (BDA-FAISG) of the British Dietetic Association has produced a consensus statement for the prevention of allergic disease in at-risk infants (see BDA website, address given in references). This consensus statement provides clear dietary guidelines for allergy prevention. Their advice covers the following areas: maternal diet during pregnancy; early infancy/breast feeding; when breast feeding is not possible; commencing weaning; and introduction of potential allergens into the infant diet.

At present, however, there are no guidelines to prevent allergic disease in infants born into families with no history of allergic disease. This is not entirely satisfactory as these children are still at risk of developing allergic disease.

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**References**


BDA FAISG website: www.bda.uk.com/Downloads/Allergy_Consumer/Summaries.pdf


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