

## Tips for feeding a baby with established allergies

### Key points:

- Allergies should always be confirmed by a clinical immunology/allergy specialist.
- Excluding any food from a child's diet should only be done when absolutely necessary.
- Reading food labels and careful food preparation and storage is essential when feeding a child with confirmed food allergy.
- Eating away from home and travelling requires advanced planning and communication.
- Talk to your doctor about an action plan.
- Feeding difficulties and growth issues are higher among children with allergies.
- Know what food/s your baby can't eat - but focus on what they CAN eat.

Feeding a baby with food allergies can be daunting and is a source of concern for many parents and carers. The first step in managing allergies effectively is to get a clear diagnosis (see: ['What are the signs of food allergies in babies?'](#)). By knowing which foods your baby needs to avoid, you can also confirm the foods your baby can eat which will help you to give them as much variety as possible for healthy growth and development.

**Diagnosis of food allergy by a clinical immunology/allergy specialist is essential.**

It is important to note that not all reactions to food are food allergies, however, reactions to food are often [misinterpreted as food allergy](#) and you'll need to confirm whether the reaction is a food allergy (an immune response) or a food intolerance. The management of food allergy is usually strict avoidance of food, whereas food intolerance rarely requires complete removal of specific foods. If you suspect your



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If a baby has a food allergy, it is important to have a clear diagnosis by a clinical immunology/allergy specialist (see: [What are the signs of food allergies in babies?](#)).

### **Excluding any food from a child's diet should only be done when absolutely necessary**

Given the importance of a wide variety of food for healthy growth and development, exclusion of specific foods is only recommended when absolutely necessary, such as in the case of a confirmed allergy. Unnecessary avoidance of specific foods can result in babies missing out on the nutrients they need or delaying the development of chewing and eating skills essential for growth and health.

If you suspect your baby is showing any signs of allergy soon after giving a new food (see: [What are the signs of food allergies in babies?](#)), stop feeding your baby that food and seek medical advice immediately from a doctor with experience in food allergies. If you are introducing solids to your baby, discuss with your doctor how you should proceed. Delayed introduction of allergenic foods has been shown to increase the chance of developing a food allergy.

### **For most food allergies, strict avoidance of the food is necessary**

Even tiny amounts of a food allergen can trigger an allergic reaction. Reading food labels and being aware of higher risk situations, such as eating out and travelling, will help you support your child to avoid specific food allergens.

### **Reading food labels is essential when avoiding specific food allergens.**

Allergens may be listed very clearly on some food labels, while others may not be so obviously. It is important to check food labels, even when buying a product you have bought previously, because ingredients or manufacturing processes can be changed at any time without notice. There is now mandatory labelling of common allergens (peanut, tree nuts, cow's milk (dairy), egg, soy, fish, shellfish, sesame, gluten – grain of origin) when they are included as an ingredient, part of compound ingredient, food additive or processing aid. Despite this regulation, some labels may not comply and therefore it is still important to know the various names for the allergens. There is detailed information about food avoidance and the main allergy-causing foods on the ASCIA website:

<https://www.allergy.org.au/patients/food-allergy/ascia-dietary-avoidance-for-food-allergy>

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### A note about food storage and preparation at home.

The approach that your family takes to food storage and preparation at home is likely to vary for children of different ages and family circumstances.

### Preparing food safely at home involves:

- Choosing appropriate ingredients (check food labels).
- Teaching household members and visitors about not sharing food and drinks.
- Minimising risk of cross contamination when storing, preparing and serving foods:
  - Using separate cooking equipment
  - Preparing allergen free food first
  - Ensuring adequate cleaning
  - Cooking in bulk and freeze suitable snacks/foods.
  - Adapting meals to be suitable for all family members.
- Knowing that food allergens can persist for some time after contact and cross contamination can occur. For example, wiping allergen from bench top, then wiping child's face with same cloth.



### Suggestions for food storage options:

- Keep foods containing allergen/s out of reach or consider not keeping these foods in the house.
- Have dedicated areas for suitable snacks for food allergic children (eg. shelf in the pantry and fridge and/or container).
- Consider locking cupboards if children are very young.

### Eating away from home or travelling with children that have allergies requires advanced planning and communication.

Eating out of home includes parties, restaurants and other homes, also schools, childcare, workplaces and hospitals. Travel includes camps, hotels, airlines and public transport. In these situations, it is important to:

- Disclose your child's allergy clearly.

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- Be assertive and ask questions about ingredients, food preparation, storage and service.
- Be prepared: If you are not sure the food is suitable – do not eat it! Carry appropriate snacks just in case.

### Talk to your doctor about an action plan

You should talk to your doctor about an ASCIA (Australasian Society of Clinical Immunology and Allergy) action plan. This will help you recognise and treat symptoms if your child eats something that causes an allergic reaction. Ensure that everyone who looks after your child (relatives, babysitters, friends, childcare, and school staff) fully understands your child's allergies, including the importance of avoiding food allergens and how to treat an allergic reaction, should accidental exposure occur. If your child is at risk of anaphylaxis, your doctor might prescribe an adrenaline auto-injector like EpiPen®. For more information about ASCIA action plans, <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

### Feeding difficulties and growth issues are higher among children with allergies

Children with food allergies are more likely to develop feeding difficulties which can affect growth and development. Issues such as disinterest in eating, food refusal and learned food aversion are challenging behaviours. Dietitians can provide parents/guardians with strategies to deal with early signs of fussy eating and food refusal. A multidisciplinary approach involving speech therapy and occupational therapy may be needed. It is important to focus on what your child CAN eat. For more information about supporting your child to develop eating patterns, see: '[How to make your child a good eater](#)'.

### Complete and lifelong avoidance of foods isn't always necessary for food allergy

For most food allergies, total avoidance of the food is needed. However, some children with egg and cow's milk allergy can tolerate small amounts of cooked egg or milk (such as in cakes or biscuits) without having an allergic reaction ([Allergy quick reference guide](#)). If cooked egg and cow's milk are tolerated and already included in the diet of a child known to be allergic to egg or cow's milk, they should not be removed without consultation with a clinical immunology/allergy specialist. Maintaining these foods in the diet can improve diet variety and quality of life. However, if your child has a confirmed egg or cow's milk allergy, you should discuss this with your clinical immunology/allergy specialist before introducing these foods at home unless you are already certain that cooked or baked egg or cow's milk is tolerated by your child.

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Many children grow out of their food allergies by 5–10 years of age, especially those who are allergic to milk, egg, soy or wheat (see: [‘What are the signs of food allergies in babies?’](#)). Check with your clinical immunology/allergy specialist if, when and how they recommend checking whether your child is still allergic to foods. This should not be done without consultation with an allergy specialist.



### **Breastfeeding and allergy: changes to the mother’s diet is not usually recommended**

Anaphylaxis almost always requires the baby to ingest the food. However, short term dietary exclusion by breastfeeding mothers is sometimes recommended as a trial for some allergies under the direction of the clinical immunology/allergy specialist.

### **Milk options after 1 year of age for cow’s milk allergy**

If your baby has a cow’s milk allergy, your doctor may refer you to an Accredited Practising Dietitian specialising in paediatrics to determine the most appropriate milk for your baby after 1 year of age. This will depend on your child’s growth and the type and amount of solid food they are eating each day. [Recent evidence](#) suggests that children with multiple food allergies should stay on specialised infant formula until age 2 or have a multivitamin/mineral supplement prescribed by their doctor.

### **Supplements**

Supplements are not usually required, however there are two main exceptions. In cow’s milk allergy, a calcium supplement may be recommended by your dietitian or allergy specialist. For children with multiple allergies and significant dietary restrictions, additional nutrients may be required. Referral to a dietitian is recommended to determine whether supplements are required and, if so, to calculate the amount needed.

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### Further support

If you are concerned about your child's food intake, eating behaviours, growth or nutrition-related health, contact a GP, paediatrician or Accredited Practising Dietitian who can provide a comprehensive assessment that considers your child's medical history, eating patterns including mealtime experiences, physical activity and genetic factors.

Find an Accredited Practising Dietitian with experience in infant and child growth -  
<https://dietitiansaustralia.org.au/find-an-apd/>

### Resources for Families:

Australasian Society of Clinical Immunology and Allergy  
[www.allergy.org.au](http://www.allergy.org.au)

Allergy & Anaphylaxis Australia  
[www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Raising Children Network  
[www.raisingchildren.net.au/guides/a-z-health-reference/food-allergies](http://www.raisingchildren.net.au/guides/a-z-health-reference/food-allergies)  
[www.raisingchildren.net.au/guides/a-z-health-reference/food-intolerances](http://www.raisingchildren.net.au/guides/a-z-health-reference/food-intolerances)

AusEE (Eosinophilic disorders)  
[www.ausee.org](http://www.ausee.org)

Food Standards Australia & NZ (Food labelling)  
[www.foodstandards.gov.au](http://www.foodstandards.gov.au)

VITAL (Food labelling)  
[www.allergenbureau.net](http://www.allergenbureau.net)