









Non-IgE-mediated CMPA is less common. The symptoms of this type of allergy can take longer to develop, sometimes several days. Symptoms can be much less obvious and are sometimes thought of as being caused by something other than an allergy. Some symptoms observable in an infant include:

-  **stools becoming more loose (not necessarily diarrhoea) or frequent**
-  **constipation**
-  **pain & sickness from reflux symptoms because stomach acid is escaping**
-  **blood and mucus in the stools**
-  **redness around the anus, rectum and genitals**
-  **unusually pale skin**
-  **failure to grow at the expected rate**
-  **excessive or inconsolable crying, even though baby is fed and clean: 'colicky symptoms'**

Other causes of these symptoms may include problems with feeding technique, eczema, 'thrush', viruses and so on. Experienced feeding information and support should be offered to families with babies with these symptoms.

About this leaflet

This patient information leaflet was prepared by LIFIB, a multi-disciplinary group based in the northwest of England, comprising staff from the NHS, councils, plus voluntary sector charities, companies and not-for-profits, as well as individual volunteers and lay people.

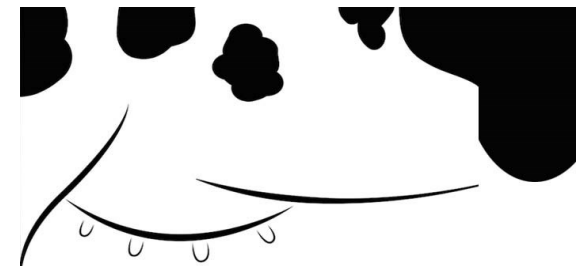
This leaflet is put together from the best evidence we have available, and is written to support families who are managing babies' diagnosed or suspected feeding issues. We are not promoting any products, and we aim to give completely impartial information.

We are not able to comment on specific circumstances, but hope to support health professionals to support families, by providing literature and training to complement this leaflet, for frontline staff working with young families, via www.LIFIB.org.uk

Updates on new literature and issues we believe may be of interest to families and healthcare staff are via Twitter through [@The_LIFIB](https://twitter.com/The_LIFIB)

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Cows' Milk Protein Allergy in Infants: Information for Parents & Carers



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What is Cows' Milk Protein Allergy (CMPA)?

There are two types of CMPA: IgE mediated, and non-IgE mediated.

What does that mean?

IgE-mediated CMPA can be tested for by the Paediatric team, but the symptoms show up quite quickly, so it's usually quite easy to spot without even needing the test. **Non-IgE-mediated CMPA** reactions take longer to show and will not trigger a result on any test. Some babies will have both, and some will have only one kind of CMPA.

IgE-mediated CMPA is the most common. Symptoms usually seen in infants include:

- 👶 a raised, itchy red rash. *In some cases, skin is red and itchy, without a raised rash*
- 👶 swelling of the face, mouth or other areas of the body
- 👶 nausea or vomiting
- 👶 tummy pain or diarrhoea
- 👶 wheezing and coughing
- 👶 hayfever-like symptoms such as sneezing or itchy eyes

Testing for CMPA

If after hearing about the baby and the family's health, a GP suspects **IgE-mediated CMPA**, baby may be referred to Paediatric clinic for a skin prick and/or specific IgE antibody blood test (also known as a RAST test).

In addition a referral may be made where there is one or more of the following issues:

- 👶 faltering growth
- 👶 one or more sudden full-body reactions
- 👶 one or more severe delayed reactions
- 👶 significant atopic eczema where multiple allergy is suspected by the parent / carer
- 👶 confirmed IgE-mediated food allergy and concurrent asthma / other allergies
- 👶 persisting parental suspicion of food allergy despite a lack of supporting history



Treatment of CMPA

If baby is breastfeeding then the best way to reduce symptoms is to remove cows milk protein from the mothers' diet: this includes dairy foods like milk, cream, butter and cheese, but milk proteins are also included as ingredients in many pre-prepared or processed foods. Sometimes just a day or two is enough time to see a big difference in a baby's symptoms, but sometimes it can take weeks, or there may be another allergen, for example soy, egg or wheat which would also need to be excluded to completely stop the symptoms.

If baby is having infant formula milk, then the easiest way to reduce symptoms is to switch the baby to an extensively hydrolysed or amino acid milk which can be prescribed by a doctor. Sometimes just one tin is enough time to see a marked difference and confirm the diagnosis. It's worth being aware that there may be other allergens in the replacement milk which can trigger reactions, for example soy or other oils or proteins used in some non-dairy products.

Time may be the best medicine

Babies can outgrow their CMPA, so your dietician can advise you about how to introduce or re-introduce some dairy products later, slowly and carefully via the 'milk ladder'.