

## What is Lactose?

Lactose is a carbohydrate (a milk sugar) found in all mammals' milks, including cows' milk and breastmilk.

To protect babies' teeth, lactose cannot be absorbed by the body without being altered by the enzyme lactase. This is found in the gut and changes lactose into the sugars glucose and galactose.

If there is not enough lactase in the gut, lactose either passes through as an irritant, or is partially broken down by bacteria which live in the gut. This process can cause wind, bloating and colicky pain. Undigested lactose causes diarrhoea/ watery stools.

## 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.

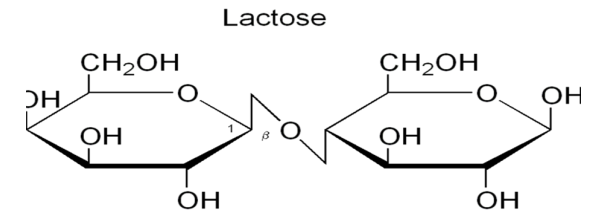
This leaflet was put together from the best evidence we have available, and was written to support families who are managing diagnosed or suspected feeding issues in babies. We are not promoting any products, and we aim to give completely impartial information.

Whilst we are not able to comment on specific cases, we hope to support health professionals as they support families. We provide literature and training to complement this leaflet, for frontline staff working with young families, via [www.LIFIB.org.uk](http://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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# Lactose Intolerance in Infants: Information for Parents & Carers



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## What is lactose intolerance?

Lactose intolerance in babies is usually temporary, and occurs after a tummy upset. Sometimes after babies have been unwell, they can suffer from a so-called 'secondary' lactose intolerance. This means that baby cannot digest the lactose and so their milk passes through the body very quickly. Because it is not digested properly: this can cause some diarrhoea and colicky symptoms.

Very rarely a more serious inherited condition can lead to a lactose intolerance which makes baby very ill, right from birth. This is known as 'galactosemia' and occurs in roughly one in 60,000 of the babies born in the UK.

## Symptoms of a temporary or 'secondary' lactose intolerance:

-  diarrhoea (stools may also be frothy, or have a greenish appearance)
-  colicky symptoms
-  follows a tummy upset or similar
-  improvement within 2-3 days of a lactose-free diet
-  recovery within two weeks

**Vomiting, and mucous or blood in the nappy are not symptoms of a lactose intolerance. These may be symptoms of a food allergy, eg to cows' milk protein, or soy products.**

## How to support babies with a suspected temporary lactose intolerance

If baby is formula fed then regular infant milk can simply be replaced with a lactose free infant milk (available from chemists and larger supermarkets) which will cost about the same as regular infant milk but in a slightly smaller tin so will not last quite as long. After one tin of lactose free infant milk, baby's regular milk can be re-introduced to see if baby has recovered.

If not, a second tin of lactose free infant milk can be used before a return to baby's usual milk.

If baby is being breastfed there is no need to stop breastfeeding, even though the breastmilk contains lactose. The parts of the breastmilk which are live, with infection-fighting and growth factor functions, do so much good for baby's digestive system that replacing breastmilk with artificial feed would not be as helpful long term.

If baby is receiving expressed breastmilk then lactase drops can be added to the milk; the mixture must be allowed to incubate for 20-30 minutes so that the lactose is digested before baby feeds.

Lactase drops may also be added to baby's usual infant formula milk to reduce lactose content, if parents prefer to continue using that, rather than buying lactose free milk.

## What else might it be?

Most babies who have sickness and /or other tummy symptoms, do not have a lactose intolerance.

A thorough history and detailed feeding assessment of baby (and mum if baby is breastfed), taken by an experienced health professional, will give all the information needed to decide whether the baby has a virus, a temporary lactose intolerance, a food intolerance, or a feed technique issue.

Often some small changes to how a feed is prepared, how baby attaches to breastfeed, or how baby feeds, can make a huge difference to baby. Please speak to your health visitor or seek experienced infant feeding support if you have any questions.

**Further information can be found on the First Steps Nutrition website:**

<http://www.firststepsnutrition.org/>

<http://tinyurl.com/jbv7vrf>

<http://tinyurl.com/hcpcfvy8>

<http://tinyurl.com/zgr9fj5>

**and on the Breastfeeding Network 'Drugs in Breastmilk' pages**

[//www.breastfeedingnetwork.org.uk/drugs-factsheets/](http://www.breastfeedingnetwork.org.uk/drugs-factsheets/)

<http://tinyurl.com/gsxkwd> - factsheet