

Childhood allergies
Weaning



WEANING YOUR FOOD ALLERGIC BABY

 AllergyUK



Welcome

We know that being a parent isn't easy at the best of times, so when you add a poorly baby with suspected allergy into the mix, we understand that family life can become complex and emotionally challenging.

Conflicting advice is also often given through various channels, creating a lot of additional confusion and anxiety.

This is why we have developed this guide together with leading specialists and an allergy mum just like you. We aim to de-myth the conflicting advice, explain national guidelines and provide you with easy to follow steps, so that you and your family can enjoy the experience of weaning your baby safely.

Contents

Developing allergies and high risk babies - 4

Can I prevent my baby from developing food allergies whilst pregnant? 5

Can I prevent my newborn from developing food allergies? 6

How do I know if my baby is in the high risk category when it comes to developing allergies? 7

What is the advice for introducing solids to high risk babies? 8

The advice for introducing solids to low risk babies 9

Can I get my baby tested before we start weaning? 10

What else should I be aware of? 10

Introducing allergenic foods - 11

How should I introduce allergenic foods? 12

What if I follow all the advice and still suspect an allergy? 12

Tips for introducing allergenic foods 13

Understanding food labelling - 14

The top 14 allergens 15

What you should expect to see 16

Keeping on top of nutrition - 18

How do I keep on top of my child's nutritional needs when removing food groups due to allergies? 19

Cooking with allergies 21

How should I approach weaning? Should I follow the traditional puréed method or the baby led approach? 22

Are you ready to start weaning? - 23

Is my baby ready to start weaning? 24

What time of the day shall I start introducing solid foods to my baby? 25

I'm nervous about introducing solid foods, how do I make it an enjoyable experience for me and my baby? 26

Is food really just for fun before one? 28

The psychological challenges of weaning a food allergic child - 29

My child is developing a bad relationship with food, what can I do to help? 30

How do I help my toddler/child understand their allergy without frightening them? 32

How development milestones can impact managing allergies 33

I feel very isolated and worry my child will too, how do I deal with this? 34

How do I talk to my child's siblings to avoid resentment or relationship breakdown? 35

Top Tips from parent to parent - 36

A letter from an allergy parent - 39

How to spot the signs of an allergic reaction - 41

How do I spot the signs of an allergic reaction? 42

Common symptoms of an allergic reaction 43

How do I spot the signs of anaphylaxis? 45

What do I do in a case of anaphylaxis? 46

Allergic reactions: Key points 47

Weaning in an Early Years setting - 48

Tips to give your Early Years care provider 49

Additional weaning resources - 53

Allergy UK Helpline:

Call: 01322 619898

Email: info@allergyuk.org

Web chat: allergyuk.org

Developing allergies and high risk babies

There is a lot of conflicting advice about how to reduce the risk of your baby developing allergies.

In this section consultant in paediatric allergy, Gary Stiefel, shares the latest advice and how to know if your baby is in the high risk category for developing a food allergy.

Can I prevent my baby from developing food allergies whilst pregnant?

There is a lot of conflicting information around what advice to follow when trying to prevent your baby from developing allergies, even before they are born.

The latest advice for expectant mums to follow when pregnant is:

Avoiding foods

Unless you are allergic to any particular food there is no need to avoid any foods (ie, peanut, fish etc) as this has not been shown to prevent allergy.

Oily fish

Omega-3-fatty acids (found in oily fish such as salmon, trout and mackerel) may help reduce the risk of eczema and allergic sensitisation (development of allergy antibodies) in early life. Try to include some of these in your diet but remember that pregnant women should not eat more than two portions of oily fish a week.

Probiotics

There is not enough evidence to recommend that routine probiotics prevent food allergy.

Supplements

General health advice is to take folic acid and vitamin D supplements during pregnancy.

Your diet

There is no evidence that any particular diets or foods can prevent allergy either when pregnant or when weaning your baby. Advice is therefore to eat a healthy well balanced diet including plenty of vegetables and fruit to provide vitamins and minerals as well as fibre.

Can I prevent my newborn from developing food allergies?

It is recommended that babies should be exclusively breastfed for the first six months of life, however this is not always possible as some mum's find this too difficult (eg when baby has 'tounge tie' etc) and others choose not to. Many settle for a combined approach to feed their infants, that suits both mother and baby. However you choose to feed your baby it is important to understand the following information with regards to allergy.

Breastfeeding is most important in the first days of life as research is showing that early exposure to cow's milk may be associated with a higher risk of cow's milk allergy. How you choose to feed your newborn baby/infant is absolutely your decision, but make it relaxed and enjoyable for both of you.

Breast feeding

The World Health Organisation and all UK Health Departments recommend exclusive breast feeding for around the first six months of life. Breast feeding alone does not prevent allergies, but has many other important benefits to the mother and child. Breastfeeding should continue throughout the first year of life. Don't avoid eating any particular foods (such as peanut or dairy) while breastfeeding as it has not been shown to prevent allergies.

Formula feeding

Infant formula is the only suitable alternative to breast milk when your baby is under 12 months of age. Infant formulas made from cow's and goat's milk are suitable, however soya-based infant formula should not be used unless prescribed/recommended by a healthcare professional.

Hypoallergic formula

If your baby is formula fed and is diagnosed with a cow's milk allergy a non-cow's milk-based formula (eg soya) or a specialist "low allergy" or hypoallergenic formula will be recommended by a healthcare professional. However, please note that none of these alternatives have consistently been shown to prevent food allergy or other allergic disease.

How do I know if my baby is in the high risk category when it comes to developing allergies?

Advice differs when introducing solids to your baby's diet, based on whether they fall into a high risk or low risk category for developing food allergies. Below, we explain the criteria for both groups and the advice for each:

Which babies are considered high risk?

- Babies with eczema, particularly babies with more severe eczema (eg needs daily steroid creams).
- Babies who already have a food allergy

Which babies are considered low risk?

- All other babies



What is the advice for introducing solids to high risk babies?

When you and your baby are ready (from around six, but not before four months of age), you may start to offer them solid foods including vegetables, fruit, protein and starchy foods. At this stage you do not need to add salt or sugar to any foods/recipes.

Early introduction

If your baby is considered high risk, research shows that they may benefit from the earlier introduction (around four months old) of complimentary foods (solids), including food containing egg and peanut. If you choose to go down this route, it is advised that you start with puréed foods as the baby led weaning approach is safer for babies aged six months plus.

Allergic reactions

Introducing your baby to solid foods if you think they are at risk of a food allergy can be really frightening. Whilst babies in the higher risk group are more likely to have a reaction, they can benefit more where the food does not cause a reaction. Introducing allergenic foods to your baby's diet earlier and on a regular basis can help to significantly reduce the risk of them developing food allergies.

Also, to help put your mind at ease, it is estimated that 998-999 out of 1000 babies will NOT have a severe reaction. Also, reassuringly, no life-threatening reactions have been reported as a result of early introduction of allergenic foods in an infant's diet.

If you are not happy to introduce allergenic foods (especially egg and peanut) then please discuss this further with a healthcare professional.



The advice for introducing solids to low risk babies:

If your baby is low risk, introduce solid foods from around six months of age including allergenic foods such as egg and peanut. From six months, you can follow the baby led weaning approach, purées or a combination of both.

Can I get my baby tested before we start weaning?

Allergy testing can be helpful in identifying individual babies at higher risk of food allergy. If you want your baby to be tested for allergy before introducing them to foods like egg and peanut, you need to consider whether the delayed introduction to these foods (eg due to waiting for an appointments) could increase the risk of allergy developing.

If you think your baby has a higher risk of developing an allergic reaction then talk to your health visitor or GP.

What else should I be aware of?

The impact of eczema

In babies with moderate to severe eczema up to three in every 10 could develop an egg allergy and up to one in every 10 could develop a peanut allergy. That means at least seven out of 10 do not have egg allergy and nine out of 10 do not have peanut allergy. The risk is higher if your baby has eczema (especially moderate/severe eczema) or a diagnosis of another food allergy.

It is very important to control eczema and use any prescribed creams/emollients. If you notice your baby has patches of dry skin that become red and inflamed, you should ask your health visitor or GP for advice on how to manage and treat this. However, recent research has shown that using emollients from birth to enhance the barrier of the skin has not been shown to prevent allergy, so this is not necessary, only use this to treat eczema.

Siblings with allergies

If your baby has a sibling with peanut allergy, they have a slightly increased risk of peanut allergy (approximately one in 12 risk rather than one in 50 risk. There is less than a 10% chance that they will have a peanut allergy.

Introducing allergenic foods

(advice for low and high-risk groups)

Once your baby is eating some fruits and vegetables, you can start to introduce foods considered to be more ‘allergenic’ like egg and peanut.

In this section consultant in paediatric allergy, Gary Stiefel, covers advice on how and when to introduce allergenic foods to your baby.

Our [weaning meal planner](#) and [diary](#) can help you track your weaning journey. Download them at allergyuk.org/weaning.

How should I introduce allergenic foods?

Once your baby is eating some fruits and vegetables, you can start to introduce foods considered to be more 'allergenic' like egg and peanut. If you decide not to introduce these foods early, try and aim to introduce egg and peanut to your baby by 12 months of and if no reactions occur, continue to give them to your baby regularly as part of their usual diet.

When introducing a new food, always choose a day when your baby is well. Introduce one new food at a time (one per day) so that if an immediate reaction occurs, the problem food can be more easily identified. Foods that cause delayed reactions are harder to identify, so continue to give the foods you introduce regularly and if symptoms occur, keep a food and symptoms diary to try and work out what could be causing the problem. You can find a great template to use in this pack. Some foods, such as strawberries and tomatoes, often cause redness, however this is very unlikely to be an allergy.

If your baby shows no signs of an allergy, continue to give this regularly as a part of a varied diet. It is important to introduce foods that you and your family eat regularly and that you want to eat on a regular basis. For example, if the family eat lots of almond, hazelnuts and peanuts, focus on introducing those rather than Brazil nuts which the family may never eat. If your family never eat sesame, focus on introducing other allergenic foods that you use more often in your cooking, such as fish or celery. Do not continue to feed your baby something they are allergic to.

Whilst taking small steps to introduce the food might make you feel more at ease, smearing food on your baby's skin will not help to identify possible food allergies. This is because your baby's skin is very sensitive and skin irritation and redness on contact does not necessarily mean they have a food allergy. Many foods (e.g citrus, tomato and strawberries) can irritate the skin and cause a red rash (especially around the mouth). This is not an allergy and you do not need to avoid the food.

What if I follow all the advice and still suspect an allergy?

If you think your child is having an allergic reaction then stop giving them the food and do not reintroduce before speaking to your healthcare professional.

Tips for introducing allergenic foods:



Egg white and yolk

Choose fresh, in date, British Lion-stamped eggs*. You can offer your baby scrambled, soft- or hard-boiled egg, or perhaps in the form of an omelette. You can also mash egg into other puréed foods like fruit, vegetables, yoghurt or baby rice. Aim for at least one egg over the course of a week.



Wheat

Weetabix or similar breakfast cereals, well cooked pasta shapes, toast fingers, couscous.



Fish and seafood

Puréed, flaked or mashed cooked fish such as cod, haddock, salmon or trout or seafood such as prawns or crab.



Seeds

Hummus (houmous) (which contains sesame paste, tahini) or crushed seeds added to foods like yoghurt or puréed fruit.



Cow's milk

Yoghurt, fromage frais with no added sugar. Add fresh whole milk to meals like mash potato or sauces.



Tree nut

Use smooth nut butters or grind whole nuts (e.g. almond and cashew) to a fine powder and mix with fruits, vegetables, yoghurt or baby cereals.



Peanut

Use smooth peanut butter or grind whole peanuts to a fine powder and mix with fruits, vegetables, yoghurt or baby cereals. You could also add to your baby's milk. Aim for a total of two level teaspoons per week.

IMPORTANT: Never give whole nuts, coarsely chopped nuts or chunks of nut/peanut butter to children under five years of age as these are a choking risk.



*Current guidance is to only use British Lion stamped eggs as these have been laid by chickens vaccinated against salmonella to reduce risk of food poisoning.

Understanding food labelling

When weaning a food allergic baby it is important to understand exactly what allergens they are eating in order to track symptoms and reduce risk of a reaction.

In this section we explain the UK laws and guidance around food labelling and allergens.

The top 14 allergens

The below 14 food groups currently have to be listed (by law) on packaging and labelling in the UK.

FOOD ALLERGIES
ARE MORE COMMON THAN YOU THINK.
So what are the top 14 Food allergens?

- Celery
- Cereals
Containing Gluten
- Crustaceans
- Eggs
- Fish
- Lupin
- Milk
- Molluscs
- Mustard
- Peanuts
- Sesame Seeds
- Soya
- Sulphites
- Tree Nuts

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What you should expect to see

Pre-packed food

This refers to food products which are packaged before being sold. Prepacked food products should have a full ingredients list with the top 14 allergens emphasised, for example in bold font. The top 14 allergens are required to be emphasised on the label, even if they appear 'hidden' under a different name (e.g. whey protein (from milk)).

Non-prepacked (loose) food

This refers to food products which are sold loose (e.g. bread at a bakery) as well as prepared meals in a restaurant or café. Food businesses are required to provide allergen information on the top 14 allergens, but the way they provide this is up to the individual business. They may provide allergen information in a written form (e.g. on the menu) or they may communicate the information verbally. If allergen information is not provided in written format, food businesses should signpost customers to where they can obtain this information. For example, there may be a statement on the menu directing customers with allergy to ask staff for allergen information.

Prepacked food for direct sale (PPDS)

These food products are packed on the same premises from which they are being sold (for example, a sandwich packaged and sold in a café). Currently the allergen information can be provided in the same way as non-prepacked (loose) food products. However, from 1st October 2021 these products are required by law to have full ingredients listed with allergens emphasised.

It is important to remember that food labelling laws differ in other countries. You should always check ingredients carefully on food which has been imported or when buying food abroad.

For more information on the requirements of food business in relation to allergen information, please visit the [Food Standards Agency website](#).

Reporting labelling errors/ malpractice

If you feel that a food manufacturer or catering outlet has not met their legal obligation to provide accurate allergen information, you should report this to your local trading standards.

Allergy Alerts

Sometimes food products are withdrawn or recalled from sale due to a risk to consumers. This could be down to incorrect or missing allergen labelling, or any other food allergy risk (such as cross contamination). You can sign up to receive alerts of these recalls free of charge via our Allergy UK website or Helpline in order to stay updated and informed.

Precautionary labelling

Precautionary labelling indicates a risk of unintentional presence of an allergen due to cross contamination or manufacturing techniques. The wording is sometimes phrased as 'Not suitable for those with x allergy', 'May contain x' or 'Made in a factory that also handles x'.

There is currently no legal requirement for manufacturers to use precautionary labelling. In general, snacks and dry foods such as cereals, cereal bars, chocolate, biscuits and nuts are at greater risk of cross contamination with allergens. It is up to you whether you avoid products with may contain labelling, and this is something you

can discuss with a healthcare professional when drawing up an allergy management plan.

Vegan and allergen-free labelling

People living with milk, fish, crustacean, mollusc and/or egg food allergies should not assume that products labelled as 'vegan' are suitable for them. This is due to the risk of unintentional cross-contamination with allergens. If a product does not specifically say it is 'allergen free' you should not assume that it is. For more information, see the full FDF Guidance on 'Allergen'-Free & Vegan Claims. (February 2020).

Our top tips

- 1 Check food labels every time you purchase a product, even if you've purchased it before as ingredients can change
- 2 When buying loose food always check that the food business has precautions against cross-contamination
- 3 Claims on a product such as 'improved recipe' may indicate a change of ingredients
- 4 If you have any doubts over the allergen content of a food, do not take the risk

Keeping on top of nutrition

When you remove a food or multiple foods from your child's diet it is important to make sure their nutritional requirements are met.

In this section dietitian, Kate Roberts, outlines the ways we can make sure a child's nutritional needs are met when excluding foods due to allergy.

How do I keep on top of my child's nutritional needs when removing food groups due to allergies?

Excluding different foods create different challenges:

Cow's Milk

Cow's milk is a very common food allergen and often dairy products are relied upon to provide essential nutrients. Here are the main nutrients that cow's milk provides and how to replace them:

Protein: an essential nutrient for providing the building blocks for growth and repair, dairy products are an excellent source of protein, for example a matchbox size piece of cheddar cheese contains 8g protein. Soya and pea alternatives contain sufficient amounts of protein but the other plant-based alternatives such as oat, coconut and the nut milks have negligible amounts.

Fat: Not often considered but cow's milk in the form of cheese and yoghurt is a valuable source of fat in the diet for your baby. Although adults do not need large amount of fat in their diet it is useful for children to have to help with their fast weight gain and to slow down gastric transit. There are plenty of substitute products including soya, oat and coconut versions of cheese, yoghurt, custard, crème fraiche and cream. Just be aware that these products do not always contain calcium and are usually very low in protein.

Calcium: If your child is still breastfeeding or having sufficient volumes of a hypoallergenic formula they will most likely be getting enough calcium. Breastfeeding mums need to have 1250mg of calcium daily which is difficult to get through food alone. It is wise to start a calcium supplement containing at least 800mg of calcium or request one from your GP.

Vitamin D: All breastfed infants should be offered a daily vitamin D supplement containing 10mcg of vitamin D. Formula fed babies will need to have a supplement when the volume of formula drops below six00ml or 20oz per day.

Iodine: Iodine is a mineral needed for the production of thyroid hormones, these are important in many processes in the body, especially in the development of your baby's brain. Dairy products are one of the most common sources of iodine in the UK, eggs and white fish are also good sources. Many plant-based milks are not enriched with iodine, therefore if the one you use isn't, ensure your child is eating eggs regularly if they are able to and is having a couple of portions of white fish per week. If either of these are not possible you may need to consider a supplement. Breastfeeding women provide iodine for their babies but need a higher amount per day (200mcg).

Eggs

Egg is another common food allergen. They are good sources of protein, vitamin A, vitamin D, calcium, iron and iodine. If you have removed eggs from your baby's diet you are able to replace these nutrients easily with meat, fish and dairy products.

Wheat

Wheat in itself is not necessary for a healthy diet, however it is a good source of carbohydrate and is often the basis of baking. There are many alternative sources of carbohydrate available including: rye, spelt, barley, corn, rice and quinoa. See below for more tips on baking.

Peanuts and tree nuts

These are a good source of fats and protein. These nutrients can be replaced with meat, fish, eggs, dairy products and seeds. People following a plant-based diet will need to increase their intake of pulses, seeds and vegetable oils if they rely on peanuts or tree nuts.



Cooking with allergies

Tips and cheats for replacing allergenic ingredients when cooking:



Oat alternatives to milk are an excellent replacement in savoury and sweet recipes as they don't have a strong taste and are suitable for the whole family. You can use them in mashed potato, white sauces, custard, rice pudding, cakes etc. You can also get higher fat versions which add a creaminess if desired. Almond milk alternatives are also quite mild-tasting.

There are a huge range of dairy-free spreads available depending on your budget and taste. They can usually be used in cooking and baking, however check the label as some cannot.

Once you have dairy free milk and spread then you can make most things dairy free – you can bake or convert recipes quite easily.

White sauces are easy to make with a plant-based milk and cornflour

Custard is simple as original custard powder is cow's milk free and can be made with a plant-based milk

Substitute butter for a dairy-free spread or oil in baking and remember, cocoa powder is dairy free

Check the food labels on food you already get and regular items before getting everything from free-from sections. A lot of food is already allergen free but not marketed as such.

Look for vegan products and recipes which will not contain cow's milk or eggs. Do check labels though as they may contain traces of allergens.

There are many replacements for egg including:

- 1 tbsp of chia or linseed mixed with 2 tbsp of water and left for 5 minutes to gel
- 1 tbsp of puréed fruit or ½ mashed banana
- 1 tbsp of chickpea flour with 2 tbsp water
- 1 teaspoon of baking powder (raising agent)

If baking without wheat, wheat free flours are widely available and xanthan gum is an excellent addition to replace the gluten in wheat and is widely available.

Download our Weaning Cookbook recipe cards at allergyuk.org/weaning/recipes

How should I approach weaning? Should I follow the traditional puréed method or should I try the baby led approach?

For healthy term babies, the Department of Health recommends exclusive breastfeeding until around six months, and introducing solid foods when your baby is developmentally ready at around six months. Recent research has found that babies who are at a higher risk of food allergy may benefit from earlier introduction of solid food.

Traditionally parents provide first foods, usually fruit and vegetables in a puréed form. This is particularly important if starting weaning before the age of six months because babies don't tend to be developmentally ready to cope with solid food before six months. The texture of the food is then made progressively lumpier until baby is having normal family meals at around 12 months.

What textures and when?

- Six months or younger: smooth purées
- seven - nine months: mashed foods with some lumps
- nine -12 months: mashed, chopped and minced family meals

Baby led weaning is a method which promotes babies being involved in family meals, being offered the same foods and having control over what they eat as well as how much they ingest. (Rapley, 2011).

Babies feed themselves and are not fed by a spoon and foods are not modified by puréeing or mashing in the traditional way. If you chose to approach weaning through the baby led method, you must wait until your baby is six months old before you start.

The benefits of baby led weaning include:

- Reduced fussy eating
- Better appetite regulation
- Decreased risks of obesity in later life
- Fewer mealtime battles

Baby led weaning is not without its risks, the main concerns include: choking, faltering growth and iron deficiency. These can be avoided by offering an iron rich source of food at each mealtime, an energy rich source of food that is easy to eat, and by avoiding offering foods that are disc shaped or a choking risk. Foods should be about the size of an adult finger and not easy to break off (such as raw apple).

You should not feel pressured to fall into either method, weaning should be a relaxed and enjoyable process and you will quickly find out your baby's preferences. Often a mixture of both methods is the best as you can experience the benefits of both.

Are you ready to start weaning?

...it is recommended that we start introducing solid foods to babies at “around six months” of age...

In this section nutritionist, Charlotte Stirling-Reed, explains the national guidelines for weaning, the different approaches you can take and provides advice for high risk babies.

Our [weaning meal planner](#) and [diary](#) can help you track your weaning journey. Download them at allergyuk.org/weaning.

Is my baby ready to start weaning?

In the UK and in line with advice from the World Health Organisation, it is recommended that we start introducing solid foods to babies at “around six months” of age.

Before this, babies are less likely to be ready for solid foods as they need time for their digestive system and their immune system to develop. Additionally, breast or formula milk contains more or less everything that a baby needs until they are around six months of age.

Of course there are circumstances where some babies may need solid foods a little before they get to six months, and certainly babies do all reach milestones at different times too.

If you feel your baby is ready before six months of age, it is a good idea to have a chat with your GP or health visitor first and look out for the signs of readiness below.

Signs that may suggest your baby is ready for their first solid foods include:

1. Your baby can stay in a sitting position and hold their head and neck steady
2. Your baby can coordinate their eyes, hands, mouth and so they can look at, pick up and put foods in their mouth
3. Your baby can swallow foods and doesn't push more food out with their tongue than they swallow

Many parents often point out other signs of readiness in their babies, such as a real interest in watching their parents eat, chewing toys and their fists and waking more during the night. However, these can just be typical developmental milestones that babies reach at around this age and don't necessarily mean a baby is ready for solids. Try to look out for the main three signs above and ensure they are happening regularly and all together rather than just on one occasion.

Advice for babies in the high risk category

When it comes to babies who are a higher risk of allergies, research suggests that they may benefit from early weaning, including the early introduction of eggs and ground peanuts with the support of a paediatric allergy specialist/dietitian.

If your baby is in the high risk category and you want to attempt early introduction, it is still important to make sure your baby is developmentally ready for solid foods, so make sure those signs of readiness are ticked off before you offer your baby their first foods. You can find out more about early introduction on page 8.

What time of the day shall I start introducing solid foods to my baby?

The best time of day to start introducing your baby to solid foods will vary from family to family. Only start introducing solids (especially food considered more allergenic) to your baby when they are well. Try to pick a time of day that is calm, free of distraction and when you're not in any kind of a rush. You also want your baby to be happy, not too tired or over-hungry.

Start with just one meal a day initially and try and build a routine around this mealtime, so that you offer solids at a similar time each day going forward. This will allow your baby time to get used to a new routine, to build up an appetite for solids and, lastly, to know when to expect solids instead of milk.

Once your baby has accepted their first meal and seems to be getting small amounts into their tummy and enjoying the process, you can think about adding a second meal in and then again, a third. Go at your baby's pace - nice and gradually.

One point to note is that when it comes to introducing allergens it's good to try and pick a time earlier in the day - breakfast or lunch at the latest - so you have plenty of time before bedtime to spot any potential reactions. When it comes to introducing allergens it's best to offer them in small amounts and as the only new food that day, doing so will make it easier to identify any problem foods.



I'm nervous about introducing solid foods, how do I make it an enjoyable experience for me and my baby?

It's not unusual for parents to feel anxious when it comes to weaning their babies. Where do I start? What about finger foods? How do I prevent my baby from choking? Combine those normal parental worries with a baby at higher risk of developing food allergies, and the process of weaning can seem quite frightening.

It doesn't have to be so scary and actually, making foods and mealtimes fun can make a really big difference to how well your little one takes to solids and the process of eating.

There are so many ways to make the weaning experience fun for BOTH you and your baby. First through, try to boost your confidence by doing a little reading around the topic; know the basics and try to get together a few helpful pieces of equipment to get you on your way (this support pack should help you do that!).

When you're ready to start your weaning journey, try out some of these tips below to keep those mealtimes fun and enjoyable for you and your baby:

Eat together

Sit together and eat with your little one as much as possible – they will learn so much and enjoy it so much more if you're part of the mealtime with them

Find a routine

Get into a routine around mealtimes so that your little one knows when to expect solid foods and can get ready for them

Create a relaxing environment

Try putting some calming music on in the background before you pop baby in the high-chair so you're instantly establishing a calm and relaxed environment

Offer variety

Try to offer plenty of variety on baby's plate after those first tastes, this helps expose baby to a variety of colours, tastes and textures and helps keep the weaning journey exciting

Let them explore

Avoid putting lots of pressure on them to 'eat up' and instead allow them to play with and explore the foods in front of them. All of this helps to build familiarity with food, which has been shown in research to increase acceptance

Make mealtime quality time

Take away distractions at mealtimes and focus on it being a time for just you and your baby – they will really appreciate the quality time and attention you have to offer them and they'll soon learn to associate mealtimes with quality family time too

Stay calm

Try to stay relaxed and calm at mealtimes, even if you don't feel it's going well. The more baby sees you relaxed and happy, the more they will emulate that themselves

Make it fun

Try introducing funky plates, cutlery and tablecloths for your baby to keep their interest in mealtimes and don't be afraid to take them alfresco in the summer and get them involved in mini picnics with family and friends.

When choosing plates and cutlery, if your baby has a food allergy, check what the cutlery is made of, for example, some bamboo products are made from maize fibres.



Is food really just for fun before one?

Advice in the UK is that babies don't need to start solid foods until they are around six months of age. Before that breast or formula milk is more or less all they need to allow them to grow and develop well. However, this changes at around six months, as baby starts to need a little more than what milk alone can provide.

When considering your baby's nutrition at this stage, when a baby is around six months of age, their stores of nutrients, especially iron and zinc, which they would have obtained from their mother during pregnancy, start to decline. These nutrients will therefore need to be replaced via solid foods in their diet.

Additionally, babies need to start developing their eating skills to help them gently transition to the kind of foods that we eat as adults. Learning to take more complex textures, to use skills such as the pincer grip and learning how to bite, chew and swallow more solid pieces of foods all takes time and practice.

On top of this solid foods are important for helping babies to explore new flavours other than the sweet taste they are exposed to with breast or formula milk. Familiarity is important in acceptance, so if babies are only offered milk, they are less likely to accept the wide variety of flavours, textures and tastes present in all the foods needed to make up a balanced diet later on in life. We know from lots of research that young infants readily accept foods that they are used to, so offering them a varied diet from around six months can help in the development of positive eating patterns throughout life.

The phrase "food before one is just for fun" is often used to help reassure parents if they are worried about their eating. However, it's important that this phrase isn't taken literally as solid foods **SHOULD** be fun, but they are also important for helping a baby to learn the process of eating and becoming familiar with a wide variety of foods.



The psychological challenges of weaning a food allergic child

The psychological impacts of weaning a baby with food allergy can be difficult to manage for parents and carers, for example when a child develops food aversions or when parents are feeling isolated

In this section psychologist, Dr Christina Jones, provides practical tips and guidance to help reduce the psychological impact on the family.

Download our Factsheet developed with Dr Christina Jones on [Understanding Anxiety at allergyuk.org/weaning](https://allergyuk.org/weaning).

My child is developing a bad relationship with food, what can I do to help?

Most of us will have certain foods which we enjoy eating more than others, and some which we refuse to eat entirely. However, food aversion and fear of food is a psychological response which might be due to a number of factors.

Common experiences of children who have developed food aversion or fear of food might include frequent illness or hospital visits, feeding tubes, sensory issues and symptoms such as pain, bloating feeling or being sick. Children may have associated a negative experience with feeding, even if it was not the direct cause of their discomfort.

Parents may also experience an aversion to feeding their child certain foods, especially if they have had a negative experience with these foods in the past (e.g. perhaps they may have an allergy or intolerance to specific foods themselves, or weaning of a specific food did not go well with an older child).

There are several practical tips which can be useful in helping overcome food aversions/fear of food:

Create a fear ladder/hierarchy

Depending on the age of your child, you could create a fear ladder/hierarchy. A fear hierarchy is a method of graded exposure used in cognitive behavioural therapy. With your child, you can create a ladder with scenarios (in this instance, regarding the food they are avoiding) from the least fearful to the most fearful. For example, your child may rate looking at the food in question as a 3/10, smelling the food 4/10, touching the food 5/10, cooking with the food 6/10, watching someone else eat the food 7/10, touching the food with their tongue 8/10, all the way up to eating the food themselves 10/10. The idea is to repeat the exposure to each scenario until the feelings of fear and anxiety are stable enough to move to the next step. This approach may also work well if you as a parent are the one with the fear or aversion [top tip, fear hierarchies can be really helpful in overcoming other phobias as well as food]

Create a positive association with food

Remember that your child may have associated a negative experience with feeding so a simple approach is to create a positive association instead. There are several ways you might go about this; encourage your children to help you prepare and cook food without the expectation of eating it, messy play (such as cutting whole fruit and vegetables into shapes and using as paint stamps) and role-play eating and mealtimes with pretend food. Creating a positive association could include pairing favourite foods and flavours with the food which is being avoided. Some research has also suggested that children may be more likely to try foods if their first exposure to it is paired with sweet flavours [top tip, try to ensure that sweet flavours are from healthy sources rather than processed foods]

Make sure they have a positive role model

Another way to help your child with their food aversion or fear of food is to make sure your child has a positive role model. Your child is more likely to eat foods if they see someone they look up to eating it. This might include an older sibling, cousin, friend or any family member. If you as a parent are the one who has an aversion or fear of a specific food, think about asking someone close to you to try your child with new foods to ensure your child has a positive experience if you feel unable to mask your fear [top tip, this approach is helpful with other phobias – e.g. if you are terrified of spiders but another family member loves them, ensure your child is introduced to them via that family member. Positive experiences can provide protection to developing phobias later in life]

Reward your child

For some, providing your child with a reward can be highly motivating. This could be an immediate reward which is negotiated (e.g. provide your child with their favourite treat upon trying a new food or a food which they are avoiding) or encourage more consistent eating (for example over a week, award stickers when your child has eaten new foods or foods which they are avoiding, or create a game of food bingo which results in a more desired reward)

Avoid forcing food when unwell

It should go without saying but avoid forcing your child to eat and avoid giving your child with new foods when they are not feeling well (this may only serve to reinforce the negative associations you are trying to break)

How do I help my toddler/child understand their allergy without frightening them?



Knowing how and when to help your child understand their allergy without frightening them is a natural concern for parents and requires a balancing act between ensuring your child knows how to stay safe and allowing your child to live a normal life and not be overly fearful.

Imagine that you are in a car with your child on the way to a family party. You are talking to your partner in the front of the car:

“I hate going to family parties. There is always so much food, none of it is labelled and there are always crumbs on the floor. It makes me so anxious and I can’t relax or enjoy myself. I’m permanently thinking the children will be picking things up and putting it in their mouths, or other family members will be giving foods to the children which I haven’t checked. I really don’t want to go...I’m going to phone ahead and make up an excuse. I feel much better knowing that we can just stay at home”.

In this scenario, what do you think your child has observed and learnt about going to a party?

Answer; parties are scary, that they should be avoided and that making excuses not to go helps manage the anxiety. How might that child feel the next time they are expected to go to a party?

The key thing to remember is that children can learn to be anxious from an early age, so try to model positive and calm behaviours (example about spiders and how positive early experiences to potentially scary stimulus can have protective effects - page 31).

Infants and toddlers are generally too young to have a good grasp of their allergy. At this stage, responsibility and management of the allergy lies with you as parents. The key aspect at this stage in your child’s life is to raise awareness in your infant/toddler that not all foods are suitable for them to eat. Given their developmental stage, using brief and simple statements is best.

Some tips might be to identify “safe” and “not safe” foods or distinguishing between your child’s food or your food. You may choose to provide a brief explanation as to why (e.g. this will make you feel unwell). If you do not keep the allergens in your home, you could look at photos or pictures as examples so as to raise awareness as to what your child can and can’t eat.

How development milestones can impact managing allergies

Developmental milestones and how to negotiate these are frequently reported by parents as times in which they feel anxious and worried. Here are some key milestones to be mindful of and how best to manage them:

- 1** Hopefully following the steps above, your child will be aware of foods which are safe and unsafe for them. When your child is able to read, start looking at labels together [top tip, you can turn this into a detective game whereby you are investigating the different ingredients in foods]
- 2** Try to ensure from an early speaking age that your child can self-disclose their allergy. Enabling your child to have the confidence to self-disclose and feel comfortable in eating when you are not present is important too [top tip, for children with multiple allergies, they are better saying that they have food allergies rather than trying to remember a long list. Towards the older age group]
- 3** Equally important is for your child to have an awareness of what an allergic reaction feels like and how they might explain this [top tip, try to use words which your child would use when describing symptoms and make sure nursery/school staff know these, you could try drawing a body and getting your child to point out areas which might be affected during a reaction]
- 4** Having some unbreakable ground rules around allergy management might be helpful. Think about what is most important such as always carrying medication (e.g. antihistamines and adrenaline auto-injectors) and checking food labels [top tip, you could use behavioural rewards to incentivise your child if you are meeting some resistance]
- 5** If you think your child is feeling overly anxious or worried about their allergy, name the feeling and talk about it [top tip, try to see things through your child's eyes as their biggest issues may not be the same as yours]
- 6** Practice role-playing situations in which your child may have to assess risk (e.g. ask about ingredients, explain their allergies, refuse food politely or ask for help). This is a sensible idea to improve their confidence in managing their allergies

I feel very isolated and worry my child will too, how do I deal with this?

Another negative thought which parents of children with allergies face is that they are restricting their children's lives and social activities which leads both parent and child to feeling like they are missing out and often leaves parents feeling guilty. There are a number of different strategies to use to avoid or overcome feelings of isolation:

- 1** Understand what is and what isn't a problem – take a look at the **worry tree** to help you make a decision as to whether this is a current or hypothetical problem or whether you have control over it. [top tip, the worry tree can be helpful with other worries you may experience]
- 2** Consider hosting playdates at your house so you as not to stop your child from socialising with other children. Invite the parents too so you are not isolated and can speak one-to-one with others parents to educate them about your child's allergies.
- 3** If your child is invited to a party, calmly explain to the parent about your child's allergy. You could offer to prepare suitable food, help to shop or suggest some safe foods for your child. Alternatively, you could give your child some suitable snacks to take with them.
- 4** Consider social activities which may not involve food or eating (e.g. sports clubs, art and creative type activities).
- 5** Check in to see whether your concerns about your child being isolated are true (see **Understanding Anxiety Factsheet**). Try asking teachers at school about your child's behaviour and how well they fit in with other children.
- 6** Speak to other parents; allergy is common and the chances are there are other parents who are feeling the same was you. If you are struggling to find others in your immediate network, consider joining an allergy support group.

How do I talk to my child's siblings to avoid resentment or relationship breakdown?

Understanding and managing the needs of siblings of allergic children is another worry or concern which parents express, often leading to feelings of guilt and self-criticism. It is not unusual for siblings of children with allergy to feel worried (siblings may have witnessed first-hand an allergic reaction so will naturally be concerned for their brother or sister and may even worry that the same thing might happen to them), guilty (that they do not have allergies but their brother or sister does), neglected, jealous or angry (parents are paying them less attention) and even nostalgic for the way things were before. There are some simple approaches which may help avoid resentment and a breakdown in your relationship:

- 1** Try not to dwell on feelings of guilt about failing to be the perfect parent and recognise your children's needs in the here and now, move forward from there.
- 2** Try to be open and honest with your children. It's better that you explain what allergies are and how this might affect your child and family life rather than the sibling reading between the lines and attempting to find (mis)information from elsewhere.
- 3** Take some one-to-one time and encourage siblings to express their feelings and listen to their concerns. They need to know that their feelings are normal and that you love them regardless.
- 4** Try to treat your children equally, keep routines and rules in place and enforce them if broken as this will minimise jealousy and resentment.
- 5** Including siblings in doctors' appointments may help to demystify allergies. It will also enable the sibling to ask questions. Including siblings in an aspect of their brother or sisters' care (e.g. being a food label detective or playing a part in role-play – see section above) may make them feel important and part of the allergy management process.
- 6** Try to remember it's not all bad news; a sibling of child with allergy has an opportunity to demonstrate increased empathy, responsibility, resilience and problem-solving skills.

Top Tips from parent to parent



I'm Emma Amoscato, author and mum to two allergic adventurers. Embracing life as an allergy family, while staying safe and sane!

The first few months with a new baby can be lonely, overwhelming and exhausting. Add thoughts of food allergies into the mix and often your expectations of motherhood are possibly completely thrown out of the window.

By the time you approach weaning, you have probably already had lots of sleepless nights, hours on Google and doctors visits. You may have been given poor advice or not been listened to properly. You've may have watched your baby writhe in pain and tearfully wondered how to help them.

So the thought of introducing solid food, and the fear of an allergic reaction, can be terrifying.

However, multiple studies now show that introducing common allergens early could help prevent babies developing further food allergies so although it may feel emotionally draining, it is an important milestone to manage.

Give yourself a break

It's not easy dealing with food allergies, and the novelty and uncertainty of weaning can be a stressful time. This can be especially hard if you are lacking in sleep or support. Try to give yourself a break and remember how much you have already overcome. You are doing a great job and if you are reading this, you are proactively trying to give your baby the best start. Remember you are not alone. Your health visitor, GP, dietician, paediatrician and patient charities like Allergy UK are all here to help you through these challenging times.

Feed the way you want to

The idea of early weaning is often confused with ending breastfeeding. This is not the case and you can introduce small amounts of food alongside your baby's current milk. You can continue to feed your baby however you choose, for as long as choose.

Take it slowly

Feeding your baby new foods, especially well known allergens like peanut and egg, can be very scary. Take it slowly so you feel more in control. Start by putting a very small amount on their lip so they can taste it, and then wait 20 minutes to check for a reaction. Next give them some on the end of a spoon and slowly increase the amount to a teaspoon over time. Only introduce a new food every three days, to check for any delayed reactions.

Keep a diary

Keeping a diary of the foods you have tried and any symptoms will help you recognise any potential reactions or patterns. Once you have successfully introduced peanuts or egg, it is important to keep them in your baby's diet regularly (two to three times a week) so making a plan will help you stay on top of this. Try batch cooking and freezing some of our recipes so you have an easy supply.

Do it in the morning

It is a good idea to try any new foods in the morning or at a time when your baby is alert. This will mean you have plenty of time to observe your baby before they have an afternoon nap, and won't confuse any reactions with sleepiness. It also means, that in the unlikely event that they do have a reaction, there are lots of services easily available to access.



Be prepared

The likelihood is that if you introduce key allergens early, your child will not have an allergic reaction. Understand the symptoms to look out for and stop giving them the food immediately if you are concerned. By introducing foods in small amounts and during early weaning, you are minimising the chances of a severe reaction. However, it is possible and so it is a good idea to be prepared. Have liquid antihistamine to hand (ask the pharmacist for age appropriate ones). If your child has had a previous reaction and adrenaline injectors have been prescribed then make sure you know how and when to use it. Make sure you keep it within easy reach at all mealtimes/snacktimes.

Feeling anxious

As new parents, we question every decision and it is normal to feel anxious about how to care for your baby. However, dealing with allergies can heighten these feelings as your body and brain are constantly scanning for dangers. You are not alone. It is natural to feel this way – especially if you have already witnessed an allergic reaction. Talk about your feelings, have a clear plan in place and know that it does get easier.



Find your network

Your experience of weaning may be very different to your friends who are not dealing with allergies. It is important to reach out to people who understand so join a good online forum, local support group or find other parents to talk to who are going through the same thing. Talk to your partner or family so they can support you too.

Managing other allergies

If you already have a child with food allergy, or you or your partner have them, it can be difficult to know how to introduce these foods safely. Seat your baby in a highchair so they are well contained and put a washable or disposable sheet on the floor to catch any spillages. Consider doing it when your other allergic child is out the house or ask your partner to manage it, if you are allergic to the foods. Make a plan for where and how you will store allergens so you feel calmer about having them in the house. It is important to talk to other children in the household about food allergy, so they do not innocently give the allergic child the food they are allergic to ie, a biscuit containing milk to a cow's milk allergic child.

Look after yourself

As a parent, it's important to look after yourself – mentally and physically. It is easy to feel guilty or worry that you could have done something differently. There are so many contributory factors to children developing allergies and none of it is your fault. Try to give yourself time to rest, go for a walk, eat well and support yourself, as your health is important too.



A letter from an allergy parent

Some parents/carers will feel confident and able to effectively communicate their child's allergies to others and will be able to express exactly how important it is that the people around their child take allergy seriously. However, some parents will not feel as though they can articulate this as well as they would like to, or may feel overwhelmed by the thought.

Emma has shared a letter on the next page, so that you can positively and powerfully communicate the importance for taking your child's allergy seriously to whoever you feel need to read it. Feel free to use it as it is, or use it to guide what you would like to say to anyone who you feels needs some extra encouragement to take allergy seriously and understand what you are going through.

You can also download this letter at allergyuk.org/weaning/supportpack

Dear (INSERT NAME)

I know it's hard for you to understand what raising a child with food allergies is like, and I am grateful every time you try.

It's been the most overwhelming, worrying and tiring experience and changed my perspective on so many things. Things I used to enjoy and milestones I had looked forward to, have been replaced with dread, doubt and guilt.

Watching my child have an allergic reaction, and worrying about how to prevent another one, has filled me with anxiety and fear.

I don't have all the answers. I wish I did. However, one thing I do know is that I could not do it without a support network who pick me up, look out for my child and learn how to keep them safe and included.

Thank you for being part of that.

The reality is, it takes more than just me to keep my child safe. As much as I would like to wrap them up in cotton wool some days, I can't. It wouldn't be good for either of us. I want them to learn that they can face the world with food allergies and focus on the things they can do, rather than the things they can't.

To do that, it's important that people like you can help.

There are lots of simple steps you can take to minimise the risks - always double checking ingredients, and washing hands and surfaces to avoid cross contamination make a big difference.

It would also mean a lot if I can sit down with you and go through our care plan and medication, so you understand what allergic reactions look like and how to treat them.

I don't expect you to know everything, or remember it all, and I'm happy to answer any questions as many times as you want. I would much rather you asked!

Please don't be offended if I ever repeat myself, ask for more information or turn down home cooked food. I am just trying to keep my child safe, like any parent would do.

As well as keeping my child safe, I also want them to lead a full and fun life, so keeping them included in activities is really important to me too.

The best way to do this is to focus on food free activities but I understand that's not always possible. I am always happy to work with you to find alternative suggestions or ways we can adapt an activity or ingredients to make something safe.

It means the world to me when you take steps to include and protect my child.

Thank you for making this all a little bit easier for both of us.

How to spot the signs of an allergic reaction

Your baby may have already presented symptoms of allergy, so you'll know some to look out for.

Before you start weaning, check this section for the kinds of symptoms which may be linked to food allergy.

How do I spot the signs of an allergic reaction?

Symptoms of food allergy can commonly affect breathing, digestion, eyes and skin. Allergic symptoms can appear immediately (IgE mediated), or in some cases allergies will cause delayed reactions (Non IgE mediated).

Symptoms can be mild, moderate or severe, but are rarely severe or cause anaphylaxis in babies.

On the next two pages you will find the common symptoms of an allergic reaction, if you're caring for a child not yet speaking be alert for the visual signs and sounds, especially if it is unusual behaviour for your child ie fussing or refusing food at mealtimes.

Spotting these symptoms doesn't necessarily mean your baby has a food allergy. A number of these symptoms are very common in healthy babies and can be due to teething and other developmental milestones. If you suspect your baby has a food allergy, particularly if symptoms are delayed, it's important that you keep a [symptoms diary \(like the one available in this pack\)](#) to help you and your healthcare professional with a diagnosis.

It's also important to remember that not all reactions to foods are because of allergy; for example some acidic foods like strawberries, tomatoes, citrus fruits can irritate the skin and cause a red rash around the mouth after eating. This is more common in babies with sensitive skin and eczema. This does not indicate a food allergy and avoiding the food is not needed. Applying an emollient moisturiser around the mouth before feeding can help prevent this type of contact reaction.

If you're concerned or anxious about your child's health, speak to your GP.

You can find out more about spotting allergic symptoms in children from our Factsheet.



Common symptoms of an allergic reaction:

Nose, throat & ears	Recognising the signs
Runny/blocked nose	<ul style="list-style-type: none">• Excessive dribbling• Runny nose• Snoring and snorting sounds• Breathing through their mouth• Disturbed sleep
Itchy nose	<ul style="list-style-type: none">• Rubbing nose and face• Redness on the nose and around that area• Sneezing
Sore throat	<ul style="list-style-type: none">• Refusing food• Difficulty swallowing• Fussing at mealtimes• Touching neck• Disturbed sleep
Swollen voice box	<ul style="list-style-type: none">• Hoarse voice/cry
Itchy mouth/throat/lips/tongue	<ul style="list-style-type: none">• Fussing when eating• Touching mouth and throat• Putting objects in their mouth
Skin	
Hives and rashes	<ul style="list-style-type: none">• Bumpy skin• Itchy raised areas• Red patches• Itchy rashes can lead to skin infections
Eczema	<ul style="list-style-type: none">• Cracked/dry skin• Weepy broken skin• Scratching at affected area• Disturbed sleep
Swelling of the skin	<ul style="list-style-type: none">• Red and tight areas of skin
Eyes	
Itchy/prickly	<ul style="list-style-type: none">• Excessive rubbing of their eyes
Watery	<ul style="list-style-type: none">• Tears when not crying• More rheum (watery fluid that collects/drips from eyes)• More mucous that crusts and looks like 'sleep' around the eyes
Red	<ul style="list-style-type: none">• Blood shot white areas of the eye• Red looking lash line
Swollen	<ul style="list-style-type: none">• Puffy eye lids
Dark under the eye	

Digestion	Recognising the signs
Swollen lips/tongue	
Stomach ache	<ul style="list-style-type: none"> • Disturbed sleep • Diarrhoea/constipation • Squirring or tensing up muscles • Squeezing eyes shut/grimacing
Feeling sick	<ul style="list-style-type: none"> • Refusing food and drink • Appearing hot, pale or flushed
Being sick	
Constipation/diarrhoea	<ul style="list-style-type: none"> • When constipated a baby might pass more gas than usual • Chronic diarrhoea can lead to weight loss
Bleeding from the bottom	
Reflux	<ul style="list-style-type: none"> • Spitting up/being sick • Refusing food and drink • Difficulty swallowing • Wet burps/hiccups • Frequent coughing • Poor growth • Gagging or choking • Disturbed sleep
Poor growth – dropping percentiles (usually 50 or more)	<ul style="list-style-type: none"> • Chronic diarrhoea can lead to weight loss
Airways	
Difficulty breathing/ shortness of breath	<ul style="list-style-type: none"> • Increased breathing rate • Increased heart rate • Around the mouth and inside the lips turning blue • Skin turning pale or grey • Grunting • Nose flaring • Wheezing • Chest appearing to sink in just below the neck or under breastbone • Sweaty/clammy skin, but cool to touch • Changes in alertness, more tired • Disturbed sleep
Wheezy breathing	<ul style="list-style-type: none"> • A tight whistling or musical sound with each breath
Coughing	<ul style="list-style-type: none"> • A constant cough • Disturbed sleep

How do I spot the signs of anaphylaxis?

Anaphylaxis is a severe and potentially life-threatening allergic reaction. It should always be treated as a medical emergency. Only the immediate-type reaction (IGE) can cause immediate severe, life-threatening reactions.

It is very uncommon for food allergy to cause anaphylaxis in babies. But it is a good idea to know how to spot the symptoms.

An easy way to spot the signs is to remember **ABC**:

A is for airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (Hoarse or croaky sounds)

B is for breathing

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

C is for circulation:

- Feeling dizzy or faint
- Collapse
- Paleness and floppiness
- Loss of consciousness

What do I do in a case of anaphylaxis?

As mentioned before, severe reactions are uncommon in babies. Nevertheless, it is important that we all know what to do in a case of anaphylaxis.

Symptoms need to be recognised early and treated quickly with an injection of adrenaline. If it is a first reaction or you do not have adrenaline, quickly call emergency services on 999. Adrenaline works quickly to reverse the symptoms of anaphylaxis by helping to reduce swelling, opening up the airway and improving the blood pressure.

If you suspect your baby, child or an adult is going into anaphylaxis follow these steps:

- **Give adrenaline** – WITHOUT DELAY- If available. Follow the instructions on the device and administer a dose. It is unlikely that babies will have been prescribed adrenaline due to body weight, in this case call 999 immediately.
- Remember- It will do no harm to administer adrenalin if the person doesn't actually go into anaphylaxis, but it will save their life if they do.
- **Call 999 immediately.** Ask for an ambulance and tell the operator it's anaphylaxis (a-na-fil-axis)
- Position is important. Lie the person flat (or sit them up if having breathing problems)
- Avoid standing or moving the person having the allergic reaction
- Stay with the person until medical help arrives
- If the first dose of adrenaline given has not helped improve symptoms after five minutes, if available, another dose of adrenaline can be given
- A person who has a severe allergic reaction and/or is given adrenaline should always be taken to hospital for further observation and treatment

If you want to learn more about severe allergic reactions like anaphylaxis download our **[Anaphylaxis and Severe Reactions Factsheet](#)** or contact our Helpline.

Allergic reactions: Key points:

- 1** Symptoms can be mild, moderate or severe
.....
- 2** Allergy symptoms may appear in just one part of the body, or can affect several areas
.....
- 3** Allergy symptoms can appear suddenly, can be persistent, and may have no obvious cause
.....
- 4** It is possible to have delayed allergic reactions
.....
- 5** Allergy symptoms commonly affect breathing, digestion, eyes and skin
.....
- 6** Only the immediate-type reaction can cause immediate severe, life-threatening reactions (anaphylaxis)
.....
- 7** Untreated symptoms of allergy can lead to more serious health problems
.....
- 8** Diagnosis and treatment can bring allergy symptoms under control

Weaning in an Early Years setting

At some point during your baby's early life, you may consider placing them in Early Years care, meaning that for the first time ever, someone other than you is responsible for feeding your baby safely.

This section provides tips and information for you to pass on to your Early Years care providers. This is also available as a downloadable [Factsheet for Early Years settings](#).

Weaning in an Early Years setting

At some point during your baby's early life, you may consider placing them in an Early Years care. Early Years care is defined as all childcare settings, including childminders, pre-schools and nurseries, for children from birth to five years old. Caring for any child between these ages is a huge responsibility and comes with its own challenges, such as pre-speech communication and huge development milestones.

Most parents who place their children in Early Years care will experience a wide range of emotions. It's frightening trusting someone else with your baby when you have been their primary care giver since they were born. If your child lives with an allergic condition, these emotions can be heightened.

Here is some useful information you can pass to your chosen Early Years care provider to help them understand what they can do to keep your baby safe:

Tips to give your Early Years care provider

Be aware of common allergens

Staff must be fully aware of the 14 major food allergens and common allergic conditions, such as asthma, allergic rhinitis (hay fever) and eczema. However, there are other foods outside of these 14 that can trigger allergic reactions, such as kiwi, chickpeas and lentils among others.

If there is a school doctor or nurse attached to the Early Years setting, they can be asked for advice on this. Allergy UK's Factsheets also provide information on allergy, including triggers, symptoms, management and treatment.

Work with the parents/carers

Working closely with the family of an allergic child is crucial for making sure you have the child's most up-to-date medical information and for providing peace of mind for the parent/carer.

Work on these steps together with each parent/carer:

- Identify children with allergies at point of enrolment/signing up
- Ask parents for information on their child's allergy before they enrol/join the setting
- Write an Allergy Action Plan with the parents and the child's doctor or allergy specialist
- Let the parent know that all staff will be made aware of which children have allergy, what the triggers are and the medication that they need

Keep an emergency medical kit for each child

- Make sure that parents provide an emergency medical kit for their child containing any medication required
- Have an alert system for expiry dates of each child's adrenaline auto-injector to make sure that it is still in date

Ask all parents to cooperate

- Explain to other parents the risk and potential consequences of food allergens being brought into the setting
- Ask parents to avoid bringing any food into the setting outside of lunchboxes, for example leaving snacks in their child's bag

Keep staff informed and trained

- Best practice in Early Years settings is to display a list of children with their photo and details of their allergy anywhere that food is prepared or served
- If your setting serves food, use colour-coded plates or placemats with details of the child's allergy
- Train all staff in allergy and anaphylaxis first aid, which includes the use of adrenaline auto-injectors
- Training can be arranged through your health visitor, school nursing teams or through paediatric allergy clinics
- This training should be updated on a regular basis

- Make sure that somebody trained in administering emergency medication is on site at all times
- Discuss each allergic child's individual needs during training sessions
- Develop an allergy and anaphylaxis management policy with information on what staff can do to provide a safer environment for children with allergy
- Make sure that medication's easily accessible and that all staff know where emergency medical kits are kept (not in a locked cupboard)
- Write an emergency response plan that describes exactly what to do and who to contact in the event that a child has an allergic reaction
- Put in place a system for informing temporary staff of medical information relating to any child, it is important that this information includes a picture so that the child can be easily identified by new staff

Reducing the risk of an allergic reaction

- Talk to the parents/carers to find out what their child's specific needs are, for example what food to avoid, substitutions, whether allergens need to be excluded from the setting
- Label cups, bottles, soothers, plates etc. if they're used for a child with food allergy
- Make sure that all stored food is labelled and containers are thoroughly cleaned before each use

- Read all food labels and be extra vigilant at all times when serving food
- If lunch boxes are brought into the setting, check them for allergens before they are given to the children and make sure all parents are aware of any known allergens, asking for their cooperation in avoiding these
- It is best to adopt a 'no sharing' policy if food is often brought into the setting from home
- Make sure hand washing is encouraged for all children before and after meals or snacks to avoid cross contamination
- Encourage children with allergies to check with an adult before accepting any food or taking part in activities in which allergens may be present
- If arranging a trip or outing, carry out a risk assessment of the venue in advance e.g. trips to the farm could trigger reactions due to fur or feathers, a trip to the woods or park during high pollen can exacerbate asthma and trigger allergic rhinitis
- If a child has latex allergy, check art equipment (e.g. rubbers, paints) and balloons for latex content
- Offer the food allergic child safe alternatives at mealtimes

Avoid using food treats

Many teachers and childcare workers use food treats to reward children when they have achieved something or been especially well behaved. If you have a child with food allergies in your room, avoid using food treats where possible. Use non-food rewards to be inclusive of children with food allergy, and to minimise risk.

Be aware of the signs of a reaction

Make sure all staff are aware of these signs, especially the visual signs when caring for a child not yet speaking:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after eating a food or an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure) / floppiness in babies
- Vocal changes (hoarse voice)



Food allergic babies at the weaning stage

If you're caring for a child who is food allergic and currently weaning, good communication between you and the parents/carers is vital.

You should let the parents lead you as to which foods to give the child, when and how. Most parents will also keep a symptoms diary and may ask you to record what their child has eaten and if they showed any allergic symptoms.

Additional resources

Visit the For Schools section at allergyuk.org, under Information & Advice for official guidelines, action plans, policy tools and a few interesting articles that address issues around allergy management in schools. Informative resources from other countries are also included for their forward-thinking approaches.



Download our additional weaning resources: allergyuk.org/weaning



These include:

- [My Weaning Planner: a weekly meal planner](#)
- [My Baby's Weaning Diary: keeping track of new foods and allergic symptoms](#)
- [Understanding Anxiety: Factsheet](#)
- [Guidance for Early Years Settings: Factsheet](#)
- [My Weaning Cookbook: recipe cards](#)
- [A letter from an allergy parent](#)

Thank you to all of our contributors who made this resource possible:

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Your help is needed now more than ever

Life can be difficult in normal circumstances, but now, in this time of coronavirus, things are even worse. Will mothers be able to get the allergen free food that their child needs when the supermarket shelves are empty? Will the vulnerable and self-isolating be able to get the medication they need? And that's why we need your help.

The fear of coronavirus is causing huge anxiety and uncertainty amongst our allergic community. Every day our Helpline is taking calls from people who are feeling vulnerable and very afraid. They need our urgent support and information. Will you help us so that we can continue to answer these calls from the people who need us?

Allergy UK is appealing to you to help us with a donation because I know you will understand the day to day anxiety that goes hand in hand with living with allergy. In these troubling times this anxiety is greater than ever before.

allergyuk.org/donate

We're here to help

Contact our Helpline Monday - Friday, 9am-5pm:

Call: 01322 619898

Webchat: allergyuk.org

Email: info@allergyuk.org



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