

A handy guide

**TO HELP YOU ON YOUR JOURNEY WITH
COW'S MILK PROTEIN ALLERGY**







Has your healthcare professional diagnosed cow's milk protein allergy?

It's a relief to know that **there may be a solution** to the discomfort your little one has been experiencing. However, you may be feeling uncertain about this news and what lies ahead.

Your healthcare professional and Nestlé Health Science are here to help.

In this brochure, you will learn about **cow's milk protein allergy** (CMPA), its symptoms, how it is diagnosed and what to expect when it comes to using our specialty infant formulas **Althéra[®] HMO**, **Alfaré[®] HMO** and **Alfamino[®] HMO**.

What is

COW'S MILK PROTEIN ALLERGY?

CMPA is the **most common food allergy in infancy**, affecting up to 3% of babies **in the first year of life**. Food allergies such as CMPA can affect anyone, however infants with a family history of allergy are at higher risk. Nearly half of the children affected by CMPA grow out of it by 1 year of age, and two-thirds by 2 years of age. While the initial stages can be a very challenging time for you as a parent, it **can be effectively managed** with the support from your healthcare professional.

What causes cow's milk protein allergy?

CMPA occurs when a baby's immune system reacts negatively to the proteins in cow's milk. A breastfed baby with CMPA may react to the cow's milk protein passed from the mother through her breast milk, whilst if a baby is formula-fed or has started complementary feeding, they may be reacting to the milk protein in the formula or food.

In both cases, the body's immune system sees these proteins as foreign, and attempts to protect itself by releasing natural substances, such as histamines, which cause the allergic symptoms that your baby might be experiencing. These symptoms can appear immediately (within minutes of ingesting cow's milk) or after several hours or days, depending on the nature of the reaction.

CMPA vs. lactose intolerance

CMPA and lactose intolerance are not the same. Although some symptoms are similar, lactose intolerance is an inability to digest lactose, while CMPA is an immune reaction to certain proteins in cow's milk. Lactose intolerance is also extremely rare before 3 years of age.



The symptoms OF COW'S MILK PROTEIN ALLERGY

CMPA can be hard to diagnose as there are many possible associated symptoms and some of these symptoms are also perfectly normal for a baby to experience, like crying or reflux. In addition, every case of CMPA is unique.

Digestive

- Vomiting
- Frequent regurgitation
- Reflux
- Refusal to feed
- Colic (linked to inconsolable crying)
- Diarrhoea (with or without blood)
- Constipation
- Dysphagia (difficulty swallowing)
- Stomach pain

Respiratory

- Wheezing, difficulty breathing
- Runny nose
- Persistent cough

Diagnosis of
CMPA should be
made by a healthcare
professional

Skin

- Urticaria (hives, rash with raised red lumps)
- Angioedema (swelling of lips or eyelids)
- Eczema (dry, itchy and red skin)

General

- Fatigue
- Restlessness
- Poor sleeping
- Anaphylaxis (a rapid reaction causing swelling and itchy rash)

* Adapted from the CMPA ESPGHAN guidelines 2012.

When can you expect the symptoms of CMPA to resolve?

Once cow's milk proteins have been eliminated from your baby's diet, either by eliminating cow's milk proteins from your diet if you are breastfeeding, and/or by switching to a specialty infant formula, there will likely be noticeable improvements to symptoms within 2 to 4 weeks, and sometimes sooner.

Feeding your baby

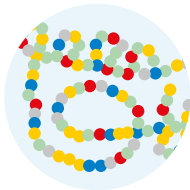
WITH COW'S MILK PROTEIN ALLERGY

Breastfeeding is the gold standard when it comes to infant nutrition and is preferred whenever possible. However, there are rare cases where breastfed babies react to cow's milk protein in their mothers breastmilk. In this instance, you can and should continue to breastfeed, as long as you abstain from consuming milk proteins with guidance from your healthcare professional.

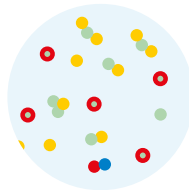
Special hypoallergenic formulas are available if breastfeeding is not possible. Like regular infant formulas, they are designed to provide your baby with all the energy and nutrients they need to stay healthy whilst also helping to relieve the symptoms of CMPA. The decision to switch your baby to a special hypoallergenic formula should only be done under medical supervision.

Two main types of special hypoallergenic formula suitable for CMPA:

Standard cow's milk protein formula

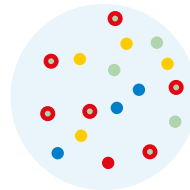


Extensively hydrolysed formula (eHF)



An eHF is made by hydrolysing cow's milk to break down the milk proteins into small particles so they are less allergenic. For the majority of infants and young children, this formula is effective and well tolerated.

Amino acid formula (AAF)



An AAF contains amino acids which are the building blocks of protein. AAFs may be recommended if your baby is severely allergic or if their symptoms are not improving on an eHF.

Our range of SPECIALTY INFANT FORMULAS



Extensively hydrolysed formula
with lactose and HMO
(2'FL and LNnT)



Extensively hydrolysed formula
with HMO (2'FL and LNnT)
but without lactose



Amino-acid based formula
with HMO (2'FL and LNnT)
from birth



Amino-acid based formula
with HMO (2'FL and LNnT)
above 1 year of age

Althéra® HMO, **Alfaré® HMO** and **Alfamino® HMO** are nutritionally complete as sole source of nutrition up to 6 months of age and as supplementary feeding combined with age appropriate foods after 6 months of age. **Alfamino® Junior HMO** is tailored for the nutritional needs of children aged one year and above. 2'fucosyllactose (2'FL) and lacto-N-neotetraose (LNnT) are not sourced from breast milk but are structurally identical to those two HMO found in breast milk. As infants with CMPA may also be at heightened risk of infections in early life, such as ear infections, 2'FL and LNnT are ingredients which help to support the immune system.

IMPORTANT NOTICE

Mothers should be encouraged to continue breastfeeding even when their babies have cow's milk protein allergy. This usually requires qualified dietary counseling to completely exclude all sources of cow's milk protein from the mothers' diet. If a decision to use a special formula intended for infants is taken, it is important to follow the instructions on the label. Unboiled water, unboiled bottles or incorrect dilution can make babies ill. Incorrect storage, handling, preparation and feeding can eventually lead to adverse effects on the health of babies. Formula for special medical purposes intended for infants must be used under medical supervision.



What to expect

WITH SPECIAL HYPOALLERGENIC FORMULAS

- All of your baby's symptoms may take a few weeks to resolve. If they do not improve after 2 weeks, you should seek advice from your healthcare professional
- Once your baby has settled on the formula, your healthcare professional may reintroduce cow's milk protein to confirm the diagnosis of CMPA
- They are a little different in colour, taste and smell to regular infant formula that you may be used to
- Your baby's poo may look darker (even greenish) and the amount and consistency may also change. This is completely normal
- Your baby may also have fewer or more bowel motions, but don't worry – this should return to normal within a few days, once their digestive system is accustomed to the formula. However, if your baby has not had a bowel movement in a while, and/or is in discomfort, speak to your healthcare professional
- You may also notice some changes in your baby's gas (or flatulence). This is common in the first few days or weeks as specialty formulas are digested and absorbed differently to normal formulas

Tips

- Always follow the preparation instructions on the label, along with your healthcare professional's recommendations
- Don't be put off by the taste or smell – babies have a different sense of smell and taste to adults
- Keep trying – research shows that it can take at least 15 tries before some babies accept a new taste, so persistence is key



Key milestones in your baby's **COW'S MILK PROTEIN ALLERGY JOURNEY**

The first 6 months

During the first 6 months of your baby's life, exclusive breastfeeding is recommended. If breastfeeding is not possible, specialty infant formulas are available.

Introduction of solid foods

When it is time to start introducing solid foods to your baby at around 6 months old, they must also be cow's milk free. You may worry about giving your baby other allergy triggering foods such as eggs or fish, but rest assured you can introduce other solid foods to your little one.



Signs that your baby may be ready for weaning:

- Sucking their fist or putting objects in their mouth
- Able to co-ordinate their eyes, mouth and hand
- Able to swallow
- Sitting upright with minimal support

These signs happen at different times for different babies. If you are uncertain or think your baby may be ready, ask your healthcare professional for advice.

General advice:

- Always stay with your baby when they are eating
- Avoid hard foods such as raw vegetable sticks and small round foods like grapes and whole nuts
- Try not to add salt and sugar to food
- Adult foods often contain a lot of salt or sugar

Cow's milk re-challenge

As most children grow out of CMPA, your healthcare professional may perform a challenge with cow's milk to check their tolerance at some stage. Do not attempt it yourself – your healthcare professional will guide you through it.



Frequently asked QUESTIONS



Can I still breastfeed if my child has CMPA?

Breastfeeding is the best way of feeding your baby during the first months of life and is preferred whenever possible. It is also the preferred choice of feeding for a baby with CMPA and CMPA should in no way affect your breastfeeding routine. In the rare cases where babies develop CMPA in response to cow's milk protein in breast milk, you will get guidance from your healthcare professional on how to ensure you exclude all foods containing cow's milk protein from your diet (for example: milk, cream, yogurt, and cheese).

What are HMO?

Human milk oligosaccharides (HMO) are complex carbohydrates that are available in human milk. They are the 3rd largest solid component in breast milk after fat and lactose. They play an essential role in promoting the growth of beneficial bacteria in your baby's gut which supports their developing immune system, so your little one can have the best start in life. The two HMO in **Althéra® HMO**, **Alfaré® HMO** or **Alfamino® HMO** are not sourced from human milk but are identical in structure.

Can I feed my baby other kinds of milk if they have CMPA?

In non-breastfed babies, cow's milk-based formula and supplementary foods containing cow's milk proteins or other unmodified animal milk proteins (e.g. goat's milk, sheep's milk) should be strictly avoided. Babies with CMPA are also more likely to be allergic to soy.

What type of infant formula should my baby with CMPA have?

When exclusive breastfeeding is not feasible, or when it is supplemented with formula, your healthcare professional will help you choose the most suitable formula option.





Learn more about
COW'S MILK PROTEIN ALLERGY

NestleHealthScience.com/CMPA



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