

Early Infant Feeding Guidelines FAQs

The new [Addendum Guidelines for the Prevention of Peanut Allergy](#) in the U.S. were released in January 2017. This report from the National Institute of Allergy and Infectious Diseases (NIAID) represents a dramatic shift from previous advice to parents and caregivers regarding the introduction of peanut in a child's diet.

The Canadian Society of Allergy and Clinical Immunology (CSACI) and Food Allergy Canada have compiled this list of FAQs from the most common questions parents asked about these guidelines. These questions are answered by Canadian Pediatric Allergists Dr. Elissa M. Abrams and Dr. Kyla J. Hildebrand. We hope you find these FAQs helpful and informative.

As always, we advise parents to speak with their physician if they have any concerns.



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About the research and the recommendations to introduce peanut early to infants

Questions by parents	Answers by Canadian allergists
<p>1. What specifically do the new NIAID (National Institute of Allergy and Infectious Diseases) <i>Addendum Guidelines for the Prevention of Peanut Allergy in the United States</i> advise?</p>	<p>The main message from these guidelines is that for most infants, peanut can be introduced safely at home. In high risk infants (those infants with severe eczema, egg allergy or both), the guidelines recommend that peanut be introduced at 4-6 months of age after evaluation by a physician, as it is recommended to offer allergy testing for peanut in this specific group of infants prior to eating peanut. Any child with a positive allergy test to peanut would also require further evaluation prior to eating peanut.</p> <p>In infants with mild to moderate eczema, the recommendation is that peanut-containing foods be introduced at around 6 months of age. In infants with no eczema or food allergy, it is recommended that peanut-containing foods be introduced into the diet at an age in accordance with family preferences and cultural practices. Other foods should be introduced before peanut to make sure the infant is developmentally ready to eat solids.</p>
<p>2. What research studies are these recommendations based on?</p>	<p>The recommendations to introduce peanut early are largely based on a recent study called the LEAP (Learning Early About Peanut) study. This study found that eating peanut early could prevent peanut allergy in high risk infants.</p> <p>This study assigned 640 infants at high risk of peanut allergy (due to egg allergy, severe eczema, or both) to eating peanut regularly starting at 4-11 months of age, or avoiding peanut until 5 years of age and found a much lower rate of peanut allergy in the group of infants who ate peanut early (3.2%) compared to the group that avoided it (17.2%).</p> <p>In addition, this study found eating peanut early in life to be safe in this high-risk population. A second study, the LEAP-On study, found that if these high-risk children ate peanut regularly until 5 years of age there was no increased risk of developing peanut allergy during their 6th year of life even if they avoided peanuts.</p>
<p>3. Will these recommendations prevent all babies from developing peanut allergy?</p>	<p>No, these recommendations will not prevent all babies from developing peanut allergy, but it has been shown to drop the rates quite substantially of peanut allergy, particularly in higher risk infants.</p>

<p>4. Who was involved in drafting the recommendations?</p>	<p>These recommendations were drafted by an expert panel that represented 26 international organizations, including the Canadian Society of Allergy and Clinical Immunology (CSACI) and the American Academy of Pediatrics (AAP).</p>
<p>5. Do the recommendations apply to other allergens than peanut?</p>	<p>No, the current recommendations apply specifically to peanut as peanut was the only allergen studied in the LEAP study. Currently the Canadian Pediatric Society recommends that other allergenic foods such as egg and tree nuts can be introduced into the diet of an infant at the age of 6 months in an age appropriate way.</p>
<p>6. Why should parents trust that these recommendations will work? This seems to be the opposite of what was previously recommended to parents.</p>	<p>This is the opposite of what was told before – older guidelines recommended avoiding peanut until three years of age. At that time, it was thought that waiting to eat peanut allowed the gut and immune systems to mature and would help prevent allergies. However, once parents started waiting, a few things happened:</p> <ul style="list-style-type: none"> • Rates of food allergy were expected to go down, but instead increased – peanut allergy rates increased by as much as three-fold. • Studies started coming out showing that delaying eating allergenic foods may increase the risk of food allergy. • Studies started showing that children with eczema who were exposed to foods in the environment and not eating them were more likely to become allergic and it is now thought that exposure to allergens through broken skin in the absence of eating the food increases the risk of food allergy. <p>As a result, the guidelines have changed.</p>
<p>7. Should I speak with an allergist before introducing peanut to my baby?</p>	<p>The only families that need to speak to an allergist before introducing peanut to their baby are those who have infants with severe eczema (frequent and extensive symptoms despite optimal medical management and adherence to eczema treatment) or egg allergy.</p>
<p>8. If my baby is older than the recommended age to introduce peanut, what should I do?</p>	<p>If your baby does not have severe eczema or egg allergy, peanut can be introduced into their diet at any time, as long as it's in an age appropriate way (to avoid choking risk). If you have concerns about introducing peanut into the diet of your baby, a discussion with a physician may be helpful. Finally, if your child has egg allergy or severe eczema, they should be seen by a physician before peanut is introduced into their diet.</p>
<p>9. What defines severe eczema?</p>	<p>Severe eczema applies to a very small percentage of infants with eczema and refers to those infants who have recurrent and extensive symptoms despite optimal eczema management (such as emollients and prescription creams).</p>
<p>10. How do you know your child is egg allergic if they haven't eaten egg yet at 4 months? Do they need testing to egg, or to eat egg, before eating peanut?</p>	<p>Allergic symptoms to egg include rash, swelling, vomiting, or breathing problems after eating egg products. In the NIAID guidelines, egg allergy is defined as having a history of reacting to egg and either a positive scratch test to egg or a reaction to egg on an observed feed at an allergist's office.</p> <p>Your child does not need to eat egg before eating peanut. However, if your child is known to be allergic to egg, or has had allergic symptoms with egg, they should be evaluated before eating peanut.</p>



How to introduce peanut

Questions by parents	Answers by Canadian allergists
<p>11. How should peanut be introduced in such young infants? Are there precautions I should take?</p>	<p>Complementary foods should be introduced when infants are developmentally ready. Infants who are ready to start solids can hold their head up and have good neck control; can sit with support; appear curious or interested in other family member's eating behavior, and are transitioning from a sucking reflex to swallowing (i.e. doesn't push a spoon out of the mouth with the tongue). Feed your infant when he or she is healthy and not ill. Peanut should be given for the first time at home, and not at a restaurant or day care facility. It's advised that at least one adult be present to give their full attention to the infant, and be available for 2 hours afterwards (and at a time the infant is usually awake) in the event that allergy symptoms develop. Families should not feel the need to go to their local emergency room parking lot to give peanut for the first time, as feeding peanut in non-choking form for the first time in the vast majority of infants is safe and rarely causes reaction. Remember that feeding infants first foods should be normalized and fun for the infant.</p> <p>There are a few options for feeding peanut containing foods to young infants. The simplest method is to take two teaspoons (10 mL total) of smooth peanut butter and add 2-3 teaspoons of hot water; stir until dissolved and well blended. Allow to cool. This mixture can be offered alone, or added to 2-3 tablespoons of infant cereal, pureed fruit or vegetables, or other soft food such as tofu or yogurt. This recipe will provide 2g of peanut protein in the serving.</p> <p>Once the portion is prepared, offer the infant a small amount on the tip of a spoon. Wait 10 minutes. If no symptoms develop, continue to give the remainder of the peanut-containing food at the infant's usual pace of eating. It is not recommended to place the food on the skin first, as the food may cause an irritant effect that could be misinterpreted as an allergic reaction. Skin contact with a food (e.g. applying a food to the skin first to see if there are any skin changes) is not a way to determine if it will be tolerated when it is eaten.</p> <p>Whole peanuts are a choking hazard and should not be offered to children less than 4 years of age.</p> <p>For instructions for home feeding of peanut protein to infants at low risk of an allergic reaction to peanut, please refer to this document outlining how to do so: https://www.niaid.nih.gov/sites/default/files/addendum_guidelines_peanut_app_x_d.pdf</p>

<p>12. What do you recommend for families who have a parent with peanut allergy and/or another sibling with peanut allergy?</p>	<p>In families where there is a parent or a sibling with an established peanut allergy, caregivers are encouraged to speak with their healthcare providers of the overall benefit (reduced risk of peanut allergy in the infant) versus risk of adding peanut to the infant's diet (potential for further sensitization and accidental exposure of the family member allergic to peanut). Many families are successful in offering peanut safely in the home with careful cleaning of surfaces, having designated eating areas (highchairs, tables), and teaching household members not to share foods. Other families, including those where a parent may have peanut allergy, choose to offer peanut to their infants outside of the home once it is tolerated, such as at a relative's home that is regularly visited or in an outdoor setting such as a park. Proper hand washing with soap and warm water for all family members before and after eating will reduce the risk of spreading food within the home.</p>
<p>13. How much and how often should peanut be fed to the infant?</p>	<p>Once peanut is introduced into the diet and tolerated, peanut should be kept in the diet on a regular basis in order to maintain a tolerance to peanut. The total amount of peanut consumed per week should be a total of 6-7g of peanut protein over 3 or more feedings. The above recipe (see answer #11) could be offered 3 times in a week and would satisfy the recommendation made by the NIAID guidelines for early peanut introduction. Lesser amounts may be adequate, as long as there is regular exposure (e.g. several times a week).</p>
<p>14. What do I do if the baby has a reaction? What do I look for?</p>	<p>Allergy symptoms usually develop within minutes of eating a food, but can occur up to 2 hours after ingestion. Allergy signs and symptoms can be mild such as a new rash or a few hives around the mouth. More severe symptoms can include swelling of the lip, eyes, or face, vomiting, widespread hives on the body, breathing symptoms such as repetitive cough, wheeze, or any difficulty breathing, a change in skin color (pale, blue), or sudden tiredness/lethargy/seeming limp. <i>If there are any concerns for more severe allergy symptoms, seek immediate medical attention/call 911.</i></p>



Additional questions

<p>15. I followed the previous advice to avoid peanuts in my baby's diet and he became allergic. Did I cause his allergy?</p>	<p>No, you did not cause your child's peanut allergy. Food allergy results from a combination of many factors, including genetic predisposition in addition to the timing of food introduction. Many parents have this same question. The field of medicine is constantly changing, particularly as new research emerges. The previous advice of peanut avoidance was thought to be the best approach to food allergy at that time, and there were no studies on primary prevention of peanut allergy when that advice was commonly given. New research from randomized controlled trials (the highest quality of research design) as well as prospective cohort studies (following large groups of children over time) has demonstrated a clear benefit of early introduction of peanut, particularly among infants at high risk of developing peanut allergy such as infants with severe eczema and/or egg allergy. The field of allergy research continues to grow and recommendations may change again in the future, the difference now is that recommendations are based on the best available evidence.</p>
<p>16. While I was pregnant and/or breastfeeding, I ate peanuts. Did I cause my child's allergy?</p>	<p>No, you did not cause your child's peanut allergy. Many mothers have this same question and some mothers experience guilt. Rest assured that there is nothing that you did, or didn't do, in pregnancy or while breastfeeding that caused your child's allergy. Women who are pregnant or breastfeeding are encouraged to consume a healthy and varied diet, including peanut, if they enjoy this food. Current research does not support restricting a mother's diet in pregnancy or while breastfeeding in order to prevent peanut allergy in infants, nor does research support eating peanut more than what the mother usually eats during pregnancy or breastfeeding to prevent peanut allergy.</p>
<p>17. My child ate peanuts from early infancy and later developed an allergy. Why?</p>	<p>Introducing peanut early in life is key in the prevention of peanut allergy. Of equal importance is eating peanut often enough in order to maintain tolerance. Food allergy develops in one of two ways. The first is that tolerance to the food is absent from a very early age which results in food allergy being established early in life, such as in infancy. The second way food allergy develops is the loss of tolerance to a food over time, resulting in the development of food allergy at a later point in life. There are many genetic and environmental factors that contribute towards an individual's tendency to develop food allergy, and therefore every person is unique. For infants and children who appear to tolerate peanut, continued and regular ingestion is recommended.</p>



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Who we are

<p>Canadian Society of Allergy and Clinical Immunology (CSACI)</p>	<p>The CSACI is the premier Canadian organization for health professionals in the field of Allergy, Asthma, and Clinical Immunology. The society provides leadership and expertise in this specialty. It also provides a place for members to interact, network, and learn from each other. The CSACI is a member society of the World Allergy Organization (WAO), as well as the Canadian Medical Association (CMA). It also works closely with patient information organizations to improve the lives of Canadians with allergic and immunologic disease.</p> <p>The CSACI's mission is to advance allergy, asthma, and immunology knowledge to optimize patient care across Canada.</p> <p>Visit csaci.ca to learn more.</p>
<p>Food Allergy Canada</p>	<p>Food Allergy Canada is a national registered charity with a focus on educating, supporting, and advocating for the needs of people living with food allergies and the risk of anaphylaxis. Food Allergy Canada also supports and participates in food allergy research.</p> <p>Visit foodallergycanada.ca to learn more.</p>



Need More Information?

<p>For additional support, contact Food Allergy Canada at info@foodallergycanada.ca or 1-866-785-5660.</p>	<p>Visit csaci.ca to find an allergist.</p>
<p>View our recorded webinars on these guidelines (for parents and healthcare professionals). They are informative, include a question/answer period, and are presented by two Canadian Allergists, Dr. Julia Upton, MD, FRCPC (parents webinar) and Dr. Edmond Chan, MD, FRCPC (healthcare professionals webinar).</p>	

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*Dr. Chan is the co-author for the U.S. NIAID (NIH) Food Allergy Guidelines on Prevention of Peanut Allergy recently published in January 2017.

Note: Many parent volunteers also reviewed this document to ensure we captured the most frequently asked questions.