



A parent's guide to cow's milk allergy:

From diagnosis to weaning and beyond

This guide is intended for parents or carers of children who have been prescribed Nutramigen LGG® or Puramino® by a healthcare professional

By: Rosan Meyer (PhD, RD) and Tanya Wright (BSc Hons, MSc Allergy RD), specialist paediatric allergy dietitians; Carina Venter (PhD), specialist allergy dietitian and Nathalie Newman, award-winning allergy blogger and mum of a child with severe allergies

*Trademark of Mead Johnson & Company, LLC.

RKT-M-03517 March 2023

About this booklet

This booklet is written for parents and carers of babies or toddlers who have cow’s milk allergy (CMA) and have been recommended Nutramigen LGG® or Nutramigen Puramino® by their healthcare professional.

It includes an explanation of what CMA is and practical advice on caring for babies and toddlers with the condition. Advice on weaning a baby with CMA is given, from beginning the process through to managing the diet of toddlers, to help give your child a healthy milk-free diet.

Weaning is the gradual introduction of solid foods until your baby is eating the same food as the rest of your family (in smaller portions).¹ This booklet includes a range of nutritious milk-free recipes chosen and tested by the authors that are quick and easy to make, even for busy parents!

Note that throughout the booklet ‘Nutramigen’ refers to Nutramigen 1 LGG®, Nutramigen 2 LGG®, Nutramigen 3 LGG® and Nutramigen Puramino®.

Breast milk provides the best nutrition for your baby, so if you are breastfeeding do not stop, but discuss the exclusion of cow’s milk and milk-containing products (dairy products) from your own diet with a registered dietitian, as cow’s milk proteins may be passed to your baby in breast milk.

*Trademark of Mead Johnson & Company, LLC.

Contents

Cow's milk allergy

What is cow’s milk allergy?

Signs and symptoms of CMA

How is CMA managed?

The role of the dietitian.....

What are Nutramigen LGG® and Nutramigen Puramino®?

Feeding guidelines.....

How do I prepare Nutramigen LGG® formula?.....

CMA formulas

Introducing solid foods to a baby with CMA

Why is introducing your baby to solid foods important?

When should I start to introduce solid foods?

The importance of variety.....

Which foods can I introduce and when?.....

Introducing foods to a baby with CMA

Which foods contain cow’s milk?.....

Guide for introducing solid foods by age.....

Keeping track of your baby’s symptoms.....

Symptom tracker weeks 1–4.....

How much Nutramigen does my baby need.....

What do I need to get started?.....

Meeting the nutritional needs of toddlers (12 m+)

The needs of the growing child

Dairy-free sources of calcium.....

Feeding tips for toddlers

Sharing food as a family.....

How much food does a toddler need?

Handy tips for poor eaters

Starting nursery or school.....

Meal planner for a 1–2 year old toddler.....

Notes.....

Symptom tracker

Weeks 1–4

2

www.nutramigen.co.uk 3

What is cow's milk allergy?

Cow's milk allergy (CMA) is the most common food allergy in children under 3 years of age.² It occurs when the immune system 'overreacts' to the protein found in cow's milk and milk-containing products (also known as dairy).³

How common is CMA?

CMA affects between 2% and 7.5% of all infants, both breast-fed and bottle-fed, though it is less common in babies that are exclusively breast fed.³ The good news is that more than three-quarters of babies with CMA grow out of it during early childhood.²

CMA or lactose intolerance?

CMA is not the same as lactose intolerance but they can present with some similar symptoms, which is why they are sometimes confused. Lactose intolerance is not an allergic condition as it does not involve the immune system.³ In people with lactose intolerance,³ the digestive system can't fully digest lactose, which is the sugar found in milk. So instead of being digested and absorbed, the lactose stays in the gut and feeds the gut bacteria, which release acids and gases that cause the symptoms of lactose intolerance.⁴

Lactose intolerance may occur temporarily, usually following bouts of tummy bugs, and in this case will usually resolve in the short term.³

With CMA, even a small amount of cow's milk protein could give your baby an allergic reaction. In contrast, many people with lactose intolerance can usually tolerate small amounts of lactose and can tolerate cow's milk proteins fully.³



Signs and symptoms of CMA

There are different types of CMA: IgE-mediated, non-IgE-mediated or a mixture of both.²

In IgE-mediated CMA, symptoms usually appear within minutes, in most cases within an hour, after eating anything that contains cow's milk protein.^{3,5} This is because the immune system reacts to cow's milk protein by producing IgE antibodies. These antibodies activate the immune system to release chemicals such as histamines, which then trigger an immediate allergic reaction.⁶

In non-IgE-mediated CMA, symptoms usually appear after a few hours or up to a few days after eating anything containing cow's milk protein.^{3,5}

Immediate symptoms are more likely to be IgE-mediated and may include:^{2,3,5}

- Hives, rash, redness or itching
- Swelling of the face and hands
- Diarrhoea
- Vomiting
- Wheezing, coughing, breathing difficulties (in severe cases) and anaphylaxis (most severe cases)

Delayed symptoms are more likely to be non-IgE-mediated and may include:^{2,3,5}

- Eczema, itching or redness
- Tummy pain
- Colic-type symptoms
- Food refusal or aversion
- Gastro-oesophageal reflux disease
- Constipation
- Frequent or loose stools
- Blood and/or mucus in stools
- Faltering growth (in severe cases)

Babies may have one or more of these symptoms, which can range from mild to severe.

Some of these symptoms can occur for reasons other than CMA, so it is important to discuss all symptoms fully with your doctor.

How is CMA managed?

Now that your baby has been diagnosed with CMA, your doctor will have advised you on suitable dietary management. CMA is initially managed by the complete avoidance of all cow's milk and dairy, and foods that contain milk as an ingredient.^{3,5} This will eliminate the cow's milk proteins that are triggering the allergic reactions from your baby's diet.

Cow's milk is a source of a variety of nutrients that are essential for your baby's health and growth. It is therefore very important that the removal of cow's milk from your baby's diet is managed carefully, with close medical help and support.

Breast-fed babies: if you are breastfeeding and want to continue, your doctor will advise you whether you need to remove all cow's milk from your diet. A dietitian can help support you with this. A useful factsheet on managing CMA in babies that are exclusively or partially breastfed is available at: <https://gpifn.files.wordpress.com/2019/10/imap-supporting-breastfeeding-factsheet.pdf>

Formula-fed babies: if you are bottle-feeding, either exclusively or in addition to breastfeeding, your doctor will advise you on a suitable, nutritionally complete, hypoallergenic formula to use.

Weaned babies: if you are weaning, hypoallergenic formulas can be incorporated into recipes (such as those in this booklet). Your doctor and dietitian will advise you on how long to continue the exclusion of cow's milk protein and how to ensure your baby is getting all the nutrients they need.

Unsuitable milks and formulas⁷

- Milks from goats, sheep and other animals are not recommended for infants with CMA as the protein in them is very similar to the protein in cow's milk
- Experts recommend that soya formulas should not be given to infants before 6 months of age, and they should not be the first choice for older infants unless advised by a doctor or dietitian^{5,7}

The role of the dietitian

Following a cow's milk-free diet can be challenging, especially when you start to introduce solids, so you may wish to ask your doctor to refer you to a paediatric dietitian.^{5,8}

A dietitian can give you practical advice on managing your child's diet. They will provide advice to help you make sure your child's diet is completely free from cow's milk, including information about the hidden sources of cow's milk in foods. They will also advise on what foods to give your child to ensure they are not missing out on essential vitamins and minerals on their milk-free diet.

Your dietitian will also advise you if there are other foods that your infant should avoid, particularly if they have more than one food allergy. The dietitian will help you tailor the diet to suit your child's own individual needs and check that it is varied and nutritionally adequate to maintain healthy growth and development.



What are Nutramigen LGG® and Nutramigen PURAMINO*?

Nutramigen LGG® and Nutramigen Puramino* are two different types of hypoallergenic formula, both specially formulated for babies and children with CMA.

Nutramigen LGG®

Nutramigen LGG® is a type of formula known as an extensively hydrolysed formula (EHF) for the dietary management of infants with mild-to-moderate CMA.

The protein in Nutramigen LGG® is taken from cow's milk but has been broken down (hydrolysed) into tiny pieces that are small enough to rarely trigger an allergic reaction in most infants with CMA. The gut is a natural barrier against harmful bacteria and food allergens, but this can be disrupted in children with CMA. Nutramigen LGG® contains *Lactobacillus rhamnosus* GG (trademark LGG®), a friendly bacteria which can help with the dietary management of CMA symptoms as well as help your infant return to a normal diet faster.⁹⁻¹²

The Nutramigen LGG® range is age-adapted to meet the daily nutritional needs of infants with CMA and support normal growth and development.

- Nutramigen 1 LGG® is suitable for use as a sole source of nutrition for babies with CMA from 0-6 months and as part of a weaning diet from 6 months.
- Nutramigen 2 LGG® is suitable for use as part of a weaning diet in infants from 6 months onwards
- Nutramigen 3 LGG® is suitable for use as part of a weaning diet in children from 1 year onwards



What are Nutramigen LGG® and Nutramigen PURAMINO*?

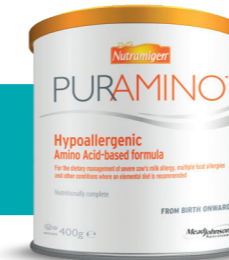
Nutramigen PURAMINO*

Nutramigen Puramino* is a type of formula known as an amino acid-based formula (AAF) for the dietary management of severe CMA or multiple food allergies.

If your child has been diagnosed with severe CMA or multiple food allergies or their symptoms did not resolve on an EHF (extensively hydrolysed formula), your doctor/dietitian may have recommended Nutramigen Puramino*. Unlike the broken down protein chains in EHF, AAFs like Nutramigen Puramino* contain no cow's milk protein chains at all. Instead, they are made up of individual amino acids (the building blocks of proteins).

- Nutramigen Puramino* as the sole source of nutrition for babies up to 6 months of age and can be used as part of a weaning diet from 6 months onwards

Nutramigen LGG® has been prescribed by your doctor or dietitian because your infant requires an EHF to help manage their CMA symptoms.



After starting Nutramigen LGG® or Nutramigen Puramino* you may notice that your baby produces frequent loose stools of a greenish colour. This is usually normal for babies fed with specialist CMA formulas, but speak to your doctor or dietitian if you are worried.

*Trademark of Mead Johnson & Company, LLC.

Feeding guidelines

Unless your healthcare professional advises you otherwise, use the charts below as a guide for the correct amounts of cooled boiled water and powder to use. Your infant may require more or less than the amounts shown – your healthcare professional will advise you if different amounts are required.

NUTRAMIGEN 1 LGG®				
Age	Approx weight	Bottle/24 hr	Water (ml)	+ scoops*
0–2 weeks	< 3–3.5 Kg	6	90	3
2–4 weeks	3.5–4 Kg	5–6	120	4
1–2 months	4–5 Kg	5	150	5
2–4 months	5–6.5 Kg	4–5	180	6
4–6 months	> 6.5 Kg	4	210	7
6–12 months	-	2–3	210	7
>1 year	-	2	210	7

*Only use scoop in can to measure powder. Do not press powder into scoop and level off with the back of a clean and dry knife. Nutramigen LGG® 1, 1 level scoop (4.5 g) to each 30 ml of water. Nutramigen LGG® 2, 1 level scoop (4.5 g) to each 30 ml of water. Nutramigen LGG® 3, 1 level scoop (4.5 g) to each 30 ml of water.

NUTRAMIGEN 2 LGG®				
Age	Bottle/24 hr	Water (ml)	+ scoops*	Average ml of feeding
6–12 months	2–3	210	7	230
> 1 year	2	210	7	230

NUTRAMIGEN 3 LGG®				
Age	Bottles/24 hr	Water (ml)	+ scoops*	Average ml of feeding
≥ 1 year	2	210	7	230

How do I prepare Nutramigen LGG® formula?

Nutramigen LGG® is a hypoallergenic formula and is different to regular formulas you can buy in supermarkets. The mixing instructions are important to follow in order to maintain the benefits of the friendly bacteria LGG®.



Wash hands and sterilise all utensils according to manufacturers' instructions.



Boil fresh water and cool down to room temperature. Pour the desired amount of water into a clean bottle.



Add the required number of level scoops of powder, as per the tin label or guidance from your healthcare professional. Store the dry scoop in the can.



Close the bottle, and roll and shake well until the powder dissolves completely (for approximately one minute). You can check the temperature on the inside of your wrist.



- Once prepared, formula can spoil quickly.
- Feed your infant or toddler immediately after preparation or cover and store in a refrigerator at 2–4°C for no longer than 24 hours
 - Do not freeze or use if unrefrigerated for more than two hours
 - Use formula that has been in contact with your infant or toddler's mouth within one hour and do not refrigerate
 - Throw away prepared formula left in bottle and clean utensils.

Please always check the preparation instructions on the label and follow them carefully.

What to expect when introducing specialist CMA formulas

Getting started with Nutramigen

Due to their special formulation, hypoallergenic formulas for managing food allergies smell and taste different to breast milk, regular infant formulas and cow's milk. You may notice this difference when you first open a tin and make up the feed. Remember, your sense of taste and smell are different to your baby's – adults have well-established and learned food preferences, which babies have yet to develop.

After starting Nutramigen, it might take some time for your baby to become familiar with the new formula.⁷ As the new special diet allows the symptoms to subside, your baby should continue to become more settled and their appetite may improve.^{13,14}

Dealing with initial refusal of a hypoallergenic formula

Rather than being directly related to the taste of the formula itself, refusal in young babies is more likely to be due to your baby having learned to associate feeding with the discomfort of the allergy symptoms or the unfamiliarity of the new, different formula. It may also be that your baby has a reduced appetite because of feeling unwell from the ongoing symptoms related to their allergy, e.g. gut inflammation.

All hydrolysed formulas have similar tastes and scientific studies have shown that young infants adapt quickly (and do not dislike them).^{7,13} Babies easily adapt to new tastes and the earlier they start tasting these new formulas, the more likely they are to accept them.¹⁴



What to expect when introducing specialist CMA formulas

Tips for introducing Nutramigen to your baby's diet

- Ideally, your baby should switch from their previous formula to Nutramigen as soon as possible after diagnosis. This is to eliminate the cow's milk proteins causing the allergic reactions
- Try to make sure your baby is hungry and thirsty when trying the formula for the first time
- Try to be positive during feeding times as babies can pick up on your reactions, such as facial expressions and the sound of your voice
- Do not start additions like milkshake flavouring without discussing this with your dietitian/doctor
- Older children may prefer to take the formula from a sippy cup or as a cold drink
- When you are ready to start weaning your baby you can incorporate Nutramigen into foods and use it in recipes (see pages 40—87 for recipe tips and ideas), which may also help your baby get used to the formula

How long will it take for my baby's symptoms to resolve?

How long it takes for your baby's symptoms to improve depends on whether they have IgE-mediated or non-IgE-mediated CMA. If they have IgE-mediated CMA, switching to a cow's milk elimination diet with a hypoallergenic formula for CMA should mean symptoms clear up straight away.¹⁵ If your baby has non-IgE-mediated CMA usually a trial period of around 2–4 weeks is recommended before you can expect symptoms to improve.^{5,15} The exact time for complete resolution of your baby's symptoms may vary depending on the number and severity of symptoms they have. If your baby's symptoms are unresolved at the end of a trial period with an extensively hydrolysed formula and your doctor or dietitian still suspects CMA, they may recommend a further trial period using an amino acid formula. If your baby's symptoms are unresolved at the end of a trial period with an amino acid formula, it is unlikely to be CMA and your doctor may investigate other causes.

If you would like more advice on any aspects of feeding and weaning your baby, contact your doctor, dietitian or health visitor. If your baby's symptoms worsen at any point, always consult a healthcare professional for advice.

Why is introducing your baby to solid foods important?

During the first year of life your baby grows quicker than at any other time. This rapid growth means that they need increasing amounts of energy and nutrients per body weight. For the first 6 months after birth, babies born at full-term get everything they need from breast milk or infant formula. However, as they grow they require additional sources of nutrition in the form of solid foods.¹⁶

Introducing solid foods to an infant with CMA

As infants are weaned onto solid foods, their intake of breast milk and/or formula will start to decrease. As children with CMA can't have dairy products, there is a risk that they can miss out on some essential nutrients (such as protein, vitamin D, iron, calcium and iodine) and energy. It is therefore important that infants with CMA still include breast milk or Nutramigen formula in their diet to help ensure they are getting the nutrients they need.

Starting to eat solid food is an important milestone in your baby's life. It is a fun and exciting time for both parents and children. However, weaning can also be a source of worry and dealing with CMA can be an added pressure.

What should I be feeding my baby?

Is my child getting the right nutrients?

Is my baby eating enough?

This section aims to give you practical advice on weaning your baby. It also contains lots of quick and easy milk-free recipes, helping you and your baby to enjoy this special stage in their development.

When should I start to introduce solid foods?

Most experts recommend that weaning should begin around age 6 months (26 weeks).^{1,16} If you wish to begin a little earlier, discuss this with your healthcare professional, but solid foods are not generally recommended before 4 months of age (17 weeks) unless there is a medical need.¹⁶

Some physical signs that your baby may be ready to accept solids include:¹

- They can stay in a sitting position and hold their head steady
- They can coordinate their eyes, hands and mouth so that they can look at the food, pick it up and put it in their mouth by themselves
- They can swallow their food — babies who are not ready will push their food back out with their tongue

Signs that can be mistaken for a baby being ready for solid foods:¹

- Chewing their fists
- Wanting extra milk feeds

These are normal behaviours and not necessarily a sign of hunger or being ready to start solid foods. Extra feeds are usually enough until they're ready for other foods.

Night waking¹

Infants may begin to wake again during the night when they have previously slept through. This is normal behaviour and doesn't always mean your baby is hungry or ready to start solid foods. Teething also starts happening at around 6 months for most babies, although it can begin earlier.¹⁷

Ideally, whenever you decide to start, babies with CMA should be well when weaning begins.

The importance of variety

Adventures in food

Up to 12 months of age babies are usually willing to try new foods. So, when you're introducing your baby to solid foods, this is a great time to offer them a wide variety of new tastes and textures. Early experiences of flavours and food textures are an adventure for babies and set the stage for life-long eating habits.¹³

Flavour

The very first flavours your baby experiences after birth are those in breast milk or formula. These early tastes can influence future food choices. Interestingly, studies have found that infants fed Nutramigen prefer foods containing savoury and bitter flavours like broccoli as they get older, in comparison to children fed other types of formula.^{13,18}

The more flavours infants experience from an early age, the more ready and willing they tend to be to try new foods when they are older. Varied foods and flavours are also more likely to provide your baby with the range of nutrients they need.

Texture

As the introduction of solid food progresses it's important to introduce your baby to different textures, such as runny, lumpy, chewy and crunchy.^{1,16}

From 6 months of age babies can start to eat finger foods. Varied textures help develop chewing skills and the muscles needed for speech development.^{16,19} Finger foods provide a great opportunity for babies to feed themselves and also practise their hand-eye coordination skills!

Salt and sugar

Avoid adding salt (even salt from gravy or stock cubes) to food or cooking as it can affect your baby's kidneys.¹ Similarly, don't add sugar as this can lead to tooth decay.¹

Finger food ideas^{1*}

Finger foods are pieces of food that your baby can easily hold. Try:

- Soft-cooked sticks of vegetables, e.g. carrot, broccoli, sweet potato
- Fruit sticks (cut into small pieces), e.g. ripe banana, pear, avocado, melon
- Rice cakes
- Well-cooked starchy foods, such as pasta, noodles and rice
- Fingers of toast, pitta bread, chapatti

If you use melt-in-your-mouth or bite-and-dissolve baby biscuits/snacks, keep an eye on the sugar and salt content and check the ingredients label in case it contains milk.



*You should always check the ingredients of food products for any milk before giving them to your baby (see page 19 for sources of cow's milk).

Which foods can I introduce and when?

Solid foods are generally introduced in stages. The table on pages 21 and 23 gives a guide to the approximate ages at which different foods and textures can be introduced, together with the suggested number of meals per day. It has been drawn up especially for babies with CMA, excluding dairy products at every stage.

If you are interested in the baby-led weaning approach, you should discuss it with your doctor or another healthcare professional. It is feasible for most infants from 6 months of age, but could lead to nutritional problems for some babies who are a little slower to develop.²⁰

If you struggle to introduce new textures to your baby's diet, it is important that you discuss this with a doctor or dietitian.

Alternative drinks

- It is important that you do not introduce other animals' milks, like goat's or sheep's (ewe) milk, as the protein in these milks is very similar to that in cow's milk and can trigger an allergic reaction⁷
- Off-the-shelf soya drinks should not be used as a main milk drink under the age of 2 years (unless directed by your dietitian)⁷
- It is recommended that a hypoallergenic formula is continued until your baby is two years of age, but your dietitian can switch to an alternative plant-based drink after the age of one, such as oat, coconut or hemp.⁷ This depends on your baby's nutritional status and it is important to choose one that contains added calcium.
- Rice milk is only suitable for children over four-and-a-half years of age⁷

For more detailed advice regarding alternative drinks in your child, please talk to your healthcare professional.

Introducing foods to a baby with CMA

Infants with CMA can also develop allergies to other foods. This means it is a good idea to take a systematic approach when introducing new foods, particularly with foods that are common allergens in children, such as egg, wheat, nuts and fish. Always consult your doctor/dietitian in case of concerns. The exact steps for introducing foods can vary for different children, depending on the type and severity of their allergy. Always follow the advice of your doctor or dietitian.

- The introduction of foods that commonly trigger allergies, such as wheat, egg, fish and nuts can be started from 6 months of age.²¹ Although earlier introduction of some allergens can reduce the risk of food allergy, this should only happen under the guidance of a doctor or dietitian²¹
- When introducing these foods its best to introduce them in a systematic way, trying one new food at a time.²¹ Give small amounts over 1—3 days (your dietitian or doctor will be able to advise you). These foods can be introduced alongside tolerated foods
- Small amounts of each new food should be offered at first, as a guide start with a quarter to a half a teaspoon.²¹ The amount can then be gradually increased over time if there are no symptoms
- Try to introduce new foods in the morning or at lunchtime so that you can observe any possible reactions and get medical advice if necessary
- If any reactions occur, take a note of what happened and how much of the food was eaten so that you can inform your doctor or dietitian. If your baby has a severe reaction, call 999 immediately. Symptoms of a severe reaction include:²¹
 - swollen tongue
 - persistent cough
 - hoarse cry
 - noisy breathing or difficulty breathing
 - being pale or floppy or unresponsive/unconscious²¹
- You can use Nutramigen to mix the food to the consistency needed

Always remember that if a reaction affects your child's breathing, it is essential to get medical help immediately.

Introducing foods to a baby with CMA

Using a food diary

During the early stages of weaning you might find it helpful to use a ‘food diary’ to keep track of the foods that have been introduced so far. This example shows the kind of information that is useful to write down.

Date offered	New food	Amount eaten	Reaction (Y/N, what reaction, how soon after eating, how long did it last?)
May 12	peach purée	1 tsp	No
May 13	peach purée	2 tsp	No
May 14	porridge	1 tsp	No
May 15	porridge	2 tsp	No
May 16	porridge	several tsp	No
May 17	scrambled egg	1 tsp	diarrhoea, 3 hours after eating, lasted 4 hours

What about cross-contamination?

In a very small number of children with CMA, traces of cow’s milk can be enough to cause symptoms. Your dietitian or doctor can discuss with you how careful you need to be to avoid contact between cow’s milk and other foods (known as cross-contamination).

Which foods contain cow’s milk?

The only way to manage CMA is the complete avoidance of cow’s milk and its products (also known as dairy), even those small amounts hidden in foods.

Obvious sources of cow’s milk

The most obvious sources are dairy products:

- cow’s milk (fresh/UHT)
- yoghurt
- fromage frais
- cheese
- butter
- ghee
- margarine
- curd
- cream/artificial cream
- ice cream
- milk drinks
- milk powder
- quark
- evaporated/condensed milk

Hidden sources of cow’s milk

Milk can also be ‘hidden’ in a large number of foods, including bread, biscuits, cakes, ready-made baby foods and processed meats, so it is essential to always read food labels carefully. Ask your supermarket for a list of their milk-free foods.

The following are all sources of milk to look out for:

- casein (curds)
- hydrolysed caseinates
- whey, whey solids
- whey protein
- hydrolysed whey
- lactalbumin
- milk sugar
- lactoglobulin
- lactose
- skimmed milk powder
- milk solids
- milk protein
- non-fat milk solids
- butterfat
- modified milk

Which foods contain cow's milk?

Reading food labels²²

The lists on page 19 might look confusing but by law the word 'milk' must appear after any names for milk derivatives and must be shown in the ingredients list of manufactured pre-packed foods for sale anywhere within the UK. You should always read the full ingredients list and not just rely on looking for highlighted allergens in the list. Manufacturers often change their recipes so make sure you check the ingredients every time.

Packaged foods: information about allergenic ingredients is located the ingredients list. Any of the 14 common allergens may be emphasised in a variety of ways, such as by using bold (as shown in the example), underlining, italics or highlighting. Some companies may also emphasise the whole word, for example **wheatflour**, or use the words 'from **milk**' after listing the ingredient 'cream'.

INGREDIENTS: Water, Carrots, Onions, Red Lentils (4.5%) Potatoes, Cauliflower, Leeks, Peas, Cornflour, **Wheatflour**, Salt, **Cream**, Yeast Extract, Concentrated Tomato Paste, Garlic, Sugar, **Celery** Seed, Vegetable Oil (sunflower), Herb and Spice, White Pepper, Parsley

Which foods contain cow's milk?

Unintentional ingredients and 'may contain' statements

- Some manufacturers choose to use advisory statements, such as 'may contain milk' or 'produced in a facility that produces milk products'
- Discuss with your doctor or dietitian whether you need to avoid foods that have a 'may contain' statement, as this may depend on the severity of your child's allergy
- During manufacturing, safe foods can sometimes unintentionally come into contact with milk (or other foods that your child is allergic to). As a result, the safe food may contain traces of milk, even though it is not shown on the label

Loose foods and eating out: information on any of the 14 allergens used as ingredients needs to be provided for foods sold without packaging or wrapped on site. This information could be written down on a chalk board or chart, or provided orally by a member of staff. From October 2021, any food prepacked for direct sale (such as a fresh sandwich made in-store) must be labelled with the full ingredients list and any allergens highlighted²²

You can find more information on allergen labelling on the Food Standards Agency website.

Guide for introducing solid foods by age for infants with CMA

Date offered	New food	Amount eaten
Foods traditionally avoided until 6 months of age, unless active introduction of allergens for prevention is recommended by your doctor/dietitian	<ul style="list-style-type: none">• Dairy• Nuts*• Fish†• Wheat (e.g. cereals)• Egg• Seeds• Shellfish• Soya• Kiwi	<ul style="list-style-type: none">• Dairy• Any allergens that have been successfully introduced should remain part of the weekly menu
Foods to introduce (aim to offer one new food at a time, in small amounts over 1—3 days — your dietitian or doctor will be able to advise you)	<ul style="list-style-type: none">• Start by offering puréed root vegetables like potato, carrot and parsnip• Then move onto other vegetables• Offer fruits like apple, pear, banana and stone fruit (e.g. peach, plum)• Offer rice cereal or other rice products	<ul style="list-style-type: none">• Check with your doctor or dietitian before introducing gluten (wheat, oat, rye and barley-based foods), egg, soya, fish† and nuts* at this stage• Continue to introduce a variety of vegetables and fruit. Start offering protein-rich foods like chicken, turkey, lamb, beef and pulses (beans, lentils, legumes and/or nut butter (if not allergic))• Iron-containing food such as meat, iron-fortified cereals and green vegetables• Finger foods can be started including soft fruit/vegetables and melt in the mouth puffs
Food textures	<ul style="list-style-type: none">• Smooth puréed foods	<ul style="list-style-type: none">• Thicker consistency with soft lumps• Make sure foods are soft, break easily into small pieces and are easy to swallow. Don't give your baby food that requires chewing to avoid risk of choking.

*The Department of Health's advice on nut avoidance changed in 2009. Check with your doctor or another healthcare professional whether you can introduce nuts into your child's diet.

†Girls should not be given more than 2 portions of oily fish (such as mackerel, salmon and sardines) a week whereas boys can have up to 4 portions per week (see www.nhs.uk/live-well/eat-well/food-types/fish-and-shellfish-nutrition).

Keeping track of your baby's symptoms

It is natural to feel concerned when your baby has been diagnosed with CMA. But by understanding your baby's symptoms you can take control. By completing the following weekly symptoms diary, you can keep a record of your baby's symptoms on a daily basis and see how the symptoms subside and improve over time. Simply mark a number on how severe your baby's symptoms are, this range from 0–5 (none to severe) By recording the numbers, you will notice changes in the symptoms over time.

You can share the completed tracker with your doctor or dietitian to help them advise you on the management of your baby's CMA symptoms.

Please note that this tracker is not a diagnostic tool. All medical conditions must be diagnosed by a healthcare professional.

Keeping track of your baby’s symptoms – WEEK 1

How severe are your baby’s symptoms (0–5)*

WEEK 1		SKIN						RESPIRATORY		
SYMPTOM		REDNESS	ITCHING	HIVES	ECZEMA FLARE-UP	SWELLING	RASH	BLOCKED/ RUNNY NOSE	COUGHING	BREATHING DIFFICULTIES
DAY	1									
	2									
	3									
	4									
	5									
	6									
	7									
NOTES										

		GASTROINTESINAL							
WHEEZING	CONJUNCTIVITIS	DIARRHOEA	CONSTIPATION	FOOD REFUSAL/ AVERSION	EXCESSIVE CRYING	REFLUX	TUMMY PAIN	VOMITING	BLOOD IN STOOLS

*0 is none, 1 is mild, 2 is mild to moderate, 3 is moderate, 4 is moderate to severe, 5 is severe

Keeping track of your baby’s symptoms – WEEK 2

How severe are your baby’s symptoms (0–5)*

WEEK 2		SKIN						RESPIRATORY		
SYMPTOM		REDNESS	ITCHING	HIVES	ECZEMA FLARE-UP	SWELLING	RASH	BLOCKED/ RUNNY NOSE	COUGHING	BREATHING DIFFICULTIES
DAY	1									
	2									
	3									
	4									
	5									
	6									
	7									
NOTES										

		GASTROINTESINAL							
WHEEZING	CONJUNCTIVITIS	DIARRHOEA	CONSTIPATION	FOOD REFUSAL/ AVERSION	EXCESSIVE CRYING	REFLUX	TUMMY PAIN	VOMITING	BLOOD IN STOOLS

*0 is none, 1 is mild, 2 is mild to moderate, 3 is moderate, 4 is moderate to severe, 5 is severe

Keeping track of your baby’s symptoms – WEEK 3

How severe are your baby’s symptoms (0–5)*

WEEK 3		SKIN						RESPIRATORY		
SYMPTOM		REDNESS	ITCHING	HIVES	ECZEMA FLARE-UP	SWELLING	RASH	BLOCKED/ RUNNY NOSE	COUGHING	BREATHING DIFFICULTIES
DAY	1									
	2									
	3									
	4									
	5									
	6									
	7									
NOTES										

		GASTROINTESINAL							
WHEEZING	CONJUNCTIVITIS	DIARRHOEA	CONSTIPATION	FOOD REFUSAL/ AVERSION	EXCESSIVE CRYING	REFLUX	TUMMY PAIN	VOMITING	BLOOD IN STOOLS

*0 is none, 1 is mild, 2 is mild to moderate, 3 is moderate, 4 is moderate to severe, 5 is severe

Keeping track of your baby’s symptoms – WEEK 4

How severe are your baby’s symptoms (0–5)*

WEEK 4		SKIN						RESPIRATORY		
SYMPTOM		REDNESS	ITCHING	HIVES	ECZEMA FLARE-UP	SWELLING	RASH	BLOCKED/ RUNNY NOSE	COUGHING	BREATHING DIFFICULTIES
DAY	1									
	2									
	3									
	4									
	5									
	6									
	7									
NOTES										

		GASTROINTESINAL							
WHEEZING	CONJUNCTIVITIS	DIARRHOEA	CONSTIPATION	FOOD REFUSAL/ AVERSION	EXCESSIVE CRYING	REFLUX	TUMMY PAIN	VOMITING	BLOOD IN STOOLS

*0 is none, 1 is mild, 2 is mild to moderate, 3 is moderate, 4 is moderate to severe, 5 is severe

Guide for introducing solid foods by age for infants with CMA

	~6 months Note that weaning should ideally commence around 6 months, and not before 4 months of age	6–7 months
Mealtime routine	<ul style="list-style-type: none"> • Start by offering small amounts of each new food: 1—2 teaspoons, just to provide a taste • Offer solid food twice a day • Use a shallow plastic spoon • Gradually increase quantity • There are no specific portion sizes for food for babies < 1 year of age. Follow a responsive approach where your baby guides you to how much they want to eat 	<ul style="list-style-type: none"> • 2—3 meals per day • Offer milk in a bottle and water (by drinks) in a lidded beaker/cup • Offer a few different food types at each meal, making combinations of: <ul style="list-style-type: none"> – fruit and vegetables (cooked until soft) – protein-rich foods – carbohydrate-rich foods like potato or rice • There are no specific portion sizes for food for babies < 1 year of age. Follow a responsive approach where your baby guides you to how much they want to eat
Feeding behaviour	<ul style="list-style-type: none"> • This is a new experience for your baby, so allow them to enjoy it and explore 	<ul style="list-style-type: none"> • As soon as your baby can sit up, introduce a high chair • Provide a spoon to play with • Add herbs and spice, but avoid sugar and salt • Let your baby touch and play explore the food by touching and playing with the food before and during a mealtime • Wipe your baby clean at the end of the meal



Guide for introducing solid foods by age for infants with CMA

	~6 months	6–7 months
Foods traditionally avoided, unless advised otherwise by your doctor	<ul style="list-style-type: none"> • Dairy 	<ul style="list-style-type: none"> • Dairy
Foods to introduce (aim to offer a new food every 3 days)	<ul style="list-style-type: none"> • Any allergens that have been successfully introduced should remain part of the weekly menu • Carry on introducing a range of: <ul style="list-style-type: none"> – vegetables – fruits – cereals – wheat-based foods (e.g. bread, pasta, cereals) – protein-rich foods • Talk to your doctor or dietitian about any foods that have not yet been introduced. It's best to introduce as many different foods as possible 	<ul style="list-style-type: none"> • Any allergens that have been successfully introduced should remain part of the weekly menu • Carry on introducing a range of: <ul style="list-style-type: none"> – vegetables – fruits – cereals – wheat-based foods (e.g. bread, pasta, cereals) – protein-rich foods • Talk to your doctor or dietitian about any foods that have not yet been introduced. It's best to introduce as many different foods as possible
Food textures	<ul style="list-style-type: none"> • Mashed foods, with some bigger lumps • Continue with soft finger foods 	<ul style="list-style-type: none"> • Mashed, chopped and minced family foods • Introduce hard finger foods and increase variety
Mealtime routine	<ul style="list-style-type: none"> • 3 meals per day and snacks, if required • Offer drinks in a lidded beaker or cup • Offer a few different food types at each meal, making combinations of: <ul style="list-style-type: none"> – fruit and vegetables (cooked until soft) – protein-rich foods – carbohydrate-rich foods like potato or rice 	<ul style="list-style-type: none"> • 3 meals per day and snacks, if required • Offer drinks in a lidded beaker or cup • Offer a few different food types at each meal, making combinations of: <ul style="list-style-type: none"> – fruit and vegetables (cooked until soft) – protein-rich foods – carbohydrate-rich foods like potato or rice

This is a suggested guide with approximate ages. Actual ages at which different foods are introduced will depend on advice from your healthcare professional and when weaning begins. Every baby is different and will progress at their own pace.

How much Nutramigen does my baby need when being introduced to solid foods?

If your baby is receiving Nutramigen 1 LGG®, once the introduction of solid foods has started your doctor or dietitian may recommend changing to a hypoallergenic formula for older babies, such as Nutramigen 2 LGG® from 6 months onwards or Nutramigen 3 LGG® from 1 year onwards. These formulas are tailored to meet the nutritional needs of older infants on a varied weaning diet. If your baby is using Nutramigen Puramino*, this is suitable as a sole source of nutrition from 0-6 months and as part of a varied diet from 6 months onwards.

As your baby eats more solid foods, you will find that the amount of formula they want will start to decrease. During the introduction of solid foods, 460 ml (16 fl oz.) of Nutramigen 2 LGG® will provide most of their daily nutritional requirements. The amount of formula that is sufficient may vary between children and it is important to ensure that formula intake does not stop them feeling hungry for food and is neither too much or too little. Depending on the advice of your healthcare professional, your child could continue to consume this much until at least 12 months of age. This can be taken as a drink, mixed into foods, or a combination of the two.

The table opposite shows the key nutrients provided by 460 ml of Nutramigen 2 LGG® as a percentage of a baby's daily requirements. If your baby consumes less than 460 ml of Nutramigen 2 per day, speak to your doctor or dietitian as they may not be getting enough of certain vitamins and a supplement might be needed.

From 1 year onwards, two cups a day of Nutramigen 3 LGG® helps to meet daily nutritional requirements as part of a varied diet.

The formula can be given as a drink or in foods — see the recipes in this book for how you can incorporate into your baby's food.

*Trademark of Mead Johnson & Company, LLC.

How much Nutramigen does my baby need when being introduced to solid foods?

Key nutrients provided by Nutramigen 2 LGG® as a proportion of the daily requirements for babies from 6 months to 1 year of age ²³	
	Proportion of an infant's daily nutrient requirement provided by 460 ml (2 bottles) of Nutramigen 2 LGG®
Protein	54%
Calcium	71%
Iron	64%
Vitamin D	77–91%
Vitamin C	>100%
Vitamin A	85%
Thiamin (B1)	>100%
Riboflavin (B2)	96%
Niacin	>100%
Vitamin B12	>100%
Zinc	68%
Selenium	>100%
Iodine	>100%

Values are based on the average reference nutrient intake (RNI) for infants 6—12 months of age. RNI is the amount of a nutrient that is enough to meet the dietary needs of 97.5% of infants. Nutrient values differ for other Nutramigen formulas.



What do I need to get started?

Remember, weaning is messy, especially as your child starts to learn to feed themselves. **So be prepared!**

- Have a selection of bibs ready and something to cover the floor, like a sheet or towel
- To save time and effort, avoid wiping your baby continually — it is easier and better to simply wipe up once at the end of the meal
- A blender or masher can be used to make puréed foods
- You will need bowls, a shallow baby spoon and a highchair as soon as your baby can sit up
- Heat-sensitive weaning spoons are widely available to help you make sure the food is at the right temperature



Cups and beakers

- Try to introduce a cup or lidded beaker (without a valve) around the age to 6 months as this helps your baby learn to sip rather than suck.^{1,19} Drinks flow very slowly through a teat, which means that the child has it in their mouth a long time, potentially damaging their teeth.¹⁹ Limit drinks to breast milk, Nutramigen or water, and avoid sugary, sweetened drinks and juice.¹⁹

What do I need to get started?

Hints and tips for getting started with introducing your baby to solid foods

- If your baby is overly hungry, give them half of their breast feed or Nutramigen, then follow with puréed food. This will satisfy their initial hunger and hopefully make them happier to try the puréed food
- Go at your baby's pace. Don't rush or force feed and let them decide when they've had enough
- At this stage, how much they take is less important than getting them used to the idea of eating
- Include your baby in family mealtimes whenever possible
- Talk to your baby and make them feel included
- Never force your baby to eat

Foods to avoid

- Avoid overly processed food
- Avoid adding salt and sugar to food and avoid giving your baby adult foods that contain added salt or sugar
- Avoid giving honey under 1 year of age as it very occasionally contains bacteria that can make your baby very ill.¹⁹ Honey is also a sugar so avoiding it will also help prevent tooth decay¹⁹
- Infants can choke easily, so avoid giving foods such as raw carrot sticks, small round foods like grapes, hard sweets, whole nuts or pieces of sausage.¹⁹ Always check fish carefully for bones¹⁹

WARNING

Never leave infants alone when feeding as there is a risk of choking

The needs of the growing child 12m+

When your child reaches their first birthday they will be growing rapidly and increasingly moving around on their own. As they become more active they need an energy-rich diet, and eating a wide variety of different foods will provide them with the nutrients they need for growth and development. Their diet should be balanced. See the NHS website for more information on providing a nutritious balanced diet.

<https://www.nhs.uk/start4life/weaning/what-to-feed-your-baby/>

Like the rest of the family, toddlers should eat a range of foods from each of the main food groups. As children with CMA cannot have dairy products, special care should be taken to make sure they get certain key nutrients, such as calcium, from other sources.



The needs of the growing child 12m+

Fruit and vegetables 3–4 portions a day¹⁹

- Fruit and vegetables are vital sources of vitamins, minerals and fibre
- Different fruits and vegetables contain different nutrients, so it's good to introduce a selection
- Eating a wide variety from a young age can help prevent fussiness later on

Bread, other cereals and potatoes 3–4 portions a day¹⁹

- Starchy foods include bread, breakfast cereals, potatoes, rice and pasta
- These are good sources of energy, nutrients and some fibre
- Offer your child a range of different types each day

Meat, fish and vegetarian/vegan protein 1–2 portions a day of iron-rich protein¹⁹

Meat, fish, eggs, nuts and pulses (such as beans, lentils and peas) are excellent sources of protein and iron

- Meat and fish are also important sources of zinc
- Oily fish (such as salmon, mackerel, tuna and sardines) also provide essential fatty acids. Fish such as marlin, shark and swordfish are unsuitable due to mercury levels
- Children on a vegetarian diet need 2–3 portions a day of plant-based protein and iron-rich, for example pulses

Advice on oily fish

Even if your child can tolerate fish, the NHS advises that girls should not be given more than 2 portions of oily fish (such as mackerel, salmon and sardines) a week whereas boys can have up to 4 portions of oily fish per week (see www.nhs.uk/live-well/eat-well/food-types/fish-and-shellfish-nutrition)

The needs of the growing child 12m+

Key nutrients provided by Nutramigen 3 LGG®, as a proportion of the daily requirements for children aged 1–3 years ²³	
	Proportion of a child's daily nutrient requirement provided by 460 ml of Nutramigen 3 LGG®
Protein	49%
Calcium	>100%
Iron	72%
Vitamin D	78%
Vitamin C	>100%
Vitamin A	75%
Thiamin (B1)	63%
Riboflavin (B2)	94%
Niacin	62%
Vitamin B12	>100%
Zinc	68%
Iodine	>100%

Nutramigen 3 LGG® for children with CMA

Aim for 460 ml (16 fl oz.) a day

- Most toddlers get a lot of essential nutrients, like calcium and protein, and energy from dairy products; hypoallergenic formulas can be a helpful alternative for children with CMA
- Nutramigen can be given as a drink, mixed into foods, or a combination of the two

Dairy-free sources of calcium

Toddlers with CMA need good dairy-free sources of calcium to help them develop strong teeth and bones. Consuming 460 ml of Nutramigen 3 LGG® per day will provide all the calcium they need between the ages of 1 and 3 years.

Other good sources include tahini (sesame paste) and almond butter and fortified products, including some breakfast cereals and free-from yoghurts and cheese.

Check with your dietitian whether dairy-free cheese and yoghurts are suitable and choose varieties fortified with calcium.

For information about unsuitable milks and formulas, see page 6.



Values are based on the reference nutrient intake (RNI) for children 1—3 years of age. RNI is the amount of a nutrient that is enough to meet the dietary needs of 97.5% of children. Nutrient values may differ for other Nutramigen formulas.

Sharing food as a family

Avoid running a restaurant service by cooking different meals for different family members. With a little thought and planning, toddlers with CMA can eat many of the same foods as the rest of the family, cutting down on the need to cook separate meals. Many family meals are dairy-free anyway, such as a roast dinner or spaghetti bolognese. For dishes that usually contain milk, you can replace the milk with Nutramigen, for example in creamy soups, moussaka or even ice cream (see recipes and tips on pages 40—87). This will not only allow you to increase the variety of foods and recipes, but also increases the nutritional value of the meal.

For recipes containing cheese and butter, use dairy-free alternatives instead (take care not to mix these up with lactose-free dairy products which are unsuitable for children with CMA).

It is a good idea to introduce young children to a wide range of foods so they get used to eating the same foods as the rest of the family and to set up good eating habits for later in life. By watching other family members at mealtimes, children learn how to feed themselves and how to behave while eating. At 1 year of age, children are usually trying to feed themselves, although they may still need some help. Between 1 and 2 years, children should be encouraged to start feeding themselves with a plastic spoon.



How much food does a toddler need?

Toddlers have small tummies. They can't eat large portions of food at one time so they may eat small meals and some will need healthy snacks in between. Children's appetites vary hugely, so the best approach is to be guided by how much your child wants. Don't force them to eat if they don't want to and, equally, give them more if they are really hungry. As long as your child eats some foods from each of the food groups mentioned on page 29, they are active and your doctor or dietitian is happy with their weight gain, try not to worry about how much they eat.¹⁹ The Infant and Toddler Forum provides useful advice on infant nutrition, with a handy guide to portion size:

<https://infantandtoddlerforum.org/toddlers-to-preschool/portion-sizes-for-toddlers/toddler-portion-sizes-table/>

Iron-rich foods

Iron is vital for building red blood cells and preventing anaemia. Nutramigen provides a source of iron but other important sources include meat (beef, chicken lamb and pork), fish, dried fruit (like apricots and figs), plant protein sources (such as legumes and nuts), pulses and fortified foods, such as breakfast cereals. It is also worth knowing that the vitamin C found in vegetables and fruit helps your child to absorb iron.

Fat, sugar and salt

It is important to make sure your child's diet includes healthy fat, which is fat that comes from plants, including olive oil and vegetable oil (e.g. rapeseed), and also from oily fish. Fat is an important source of calories for toddlers and a source of essential fatty acids and some fat-soluble nutrients, such as vitamins A and E. In contrast, processed foods like crisps, chips, biscuits and cakes often contain hydrogenated fat, which should be limited in your child's diet.

A diet that is high in sugar can encourage a sweet tooth and lead to tooth decay. There is no need for a sugar-free diet, but continue to avoid salt and sugar and keep the diet as low in sugar and salt as possible. If sugary foods are consumed, keep these to special occasions like birthdays.

There is also no need to add salt to your child's food.

Handy tips for poor eaters

- If your child is not gaining enough weight or gaining excessive weight, according to their growth chart, or has not progressed to eating a variety of textures, talk to your doctor or dietitian
- Remember that young children need a lot of energy to grow, and they get much of this from fat in their food
 - Avoid low-fat foods and use healthy fats like vegetable oil in cooking
 - Giving your child at least 460 ml of Nutramigen per day will help meet their nutrient needs
- Your toddler also needs plenty of protein for growth; really good sources include meat, fish and pulses (e.g. beans, chickpeas and lentils)
- Give manageable portions and do not overly praise your child when they finish a meal
- Keep meal times to 30 minutes, even if they have not finished their meal and avoid distractions, such as the TV or iPad
- Don't force them to eat if they refuse a certain food, just remove it without comment and try again in a few weeks. Children's tastes change, and can be influenced by other children of the same age or adults who they like to eat with, such as grandparents

- Bright colours and interesting shapes, such as different pasta shapes, can help make food more fun and appealing for children who are reluctant to eat



Starting nursery or school

Let the nursery and any other child care providers know what your child can eat and what food need to be avoided.

Provide information about your child's food allergy, including:

- Safe and unsafe foods
- Symptoms and treatment of an allergic reaction
- The importance of increased supervision during meal/ snack time to ensure unsafe foods are not shared

Most nurseries and schools have experience of dealing with special diets and should be able to cater for your child's dietary needs, but you may wish to provide a packed lunch and snacks to be safe. As a guide, a lunchbox should contain two savoury items (such as a sandwich and some vegetable sticks), some fruit, a drink and a sweet item like a currant bun or scone.



Meal planner for a 1-2 year old toddler

This meal planner for a 1—2 year old toddler provides approximately 460 ml Nutramigen 3 daily. The planner shows you how you can incorporate Nutramigen into your child’s diet to boost their nutritional intake and provide variety.

	Breakfast	Snack	Lunch	Snack	Supper	Evening
Monday	Porridge	Fruit	Tomato soup & bread with carrot stick	Fruit scone	Sweet & sour chicken	Beaker of Nutramigen
Tuesday	Biscuits*	Rice cakes	Dairy-free cheese on toast with veg sticks	Fruit smoothie	Banana custard	Beaker of Nutramigen
Wednesday	Semolina with apple purée	Nutramigen yogurt-style fruit dessert	Baked potato with beans Fairy cake	Veg sticks, pitta bread & hummus	Sausage stroganoff	Beaker of Nutramigen
Thursday	Wholewheat Biscuits*	Cheese scone	Ham sandwich & veg sticks	Fruit	Fruit	Beaker of Nutramigen
Friday	Ground rice porridge with peach slices	Rice cakes & cubes of dairy-free cheese	Nutramigen yogurtstyle fruit dessert	Banana pancakes	Fish in white sauce, mash & peas	Beaker of Nutramigen
Saturday	Wholewheat Biscuits*	Nutramigen yogurt-style fruit dessert	Broccoli & potato soup & toast	Fruit	Fruit salad	Beaker of Nutramigen
Sunday	Porridge	Fruit	Savoury couscous	Fruit smoothie	Moussaka & salad	Beaker of Nutramigen

*With Nutramigen

- Nutramigen in recipes will contribute to your child’s overall nutritional intake but they will still need to have regular drinks (water, Nutramigen, diluted fruit juice etc.) throughout the day

Meal planner for a 1-2 year old toddler

This meal planner can be used to personalise the meal plan to suit you and your child.

	Breakfast	Snack	Lunch	Snack	Supper	Evening
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

- Nutramigen in recipes will contribute to your child’s overall nutritional intake but they will still need to have regular drinks (water, Nutramigen, diluted fruit juice etc.) throughout the day

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Notes

[illegible]

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

[illegible]

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Keeping track of your baby's symptoms

It is natural to feel concerned when your baby has been diagnosed with CMA, but by understanding your baby's symptoms you can take control.

By completing the weekly symptoms diary on the following pages, you can keep a record of your baby's symptoms on a daily basis and see how the symptoms subside and improve over time. Simply mark a number on how severe your baby's symptoms are, this range from 0–5 (none to severe) By recording the numbers, you will notice changes in the symptoms over time.

You can share the completed tracker with your doctor or dietitian to help them advise you on the management of your baby's CMA symptoms.

PLEASE NOTE: This tracker is not a diagnostic tool. All medical conditions must be diagnosed by a healthcare professional.

Week 1

- 0 no symptoms
- 1 mild
- 2 mild to moderate
- 3 moderate
- 4 moderate to severe
- 5 severe

How severe are your baby's symptoms? Insert a rating from 0 to 5 and add any useful notes.

	Week 1 Symptom	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Notes
Skin	Redness								
	Itching								
	Hives								
	Eczema flare-up								
	Swelling								
	Rash								
Respiratory	Blocked/Runny nose								
	Coughing								
	Breathing difficulties								
	Wheezing								
	Conjunctivitis								
Gastrointestinal	Diarrhoea								
	Constipation								
	Food refusal/aversion								
	Excessive crying								
	Reflux								
	Tummy pain								
	Vomiting								
	Blood in stools								

Week 2

- 0 no symptoms
- 1 mild
- 2 mild to moderate
- 3 moderate
- 4 moderate to severe
- 5 severe

How severe are your baby's symptoms? Insert a rating from 0 to 5 and add any useful notes.

	Week 2 Symptom	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Notes
Skin	Redness								
	Itching								
	Hives								
	Eczema flare-up								
	Swelling								
	Rash								
Respiratory	Blocked/Runny nose								
	Coughing								
	Breathing difficulties								
	Wheezing								
	Conjunctivitis								
Gastrointestinal	Diarrhoea								
	Constipation								
	Food refusal/aversion								
	Excessive crying								
	Reflux								
	Tummy pain								
	Vomiting								
	Blood in stools								

Week 3

- 0 no symptoms
- 1 mild
- 2 mild to moderate
- 3 moderate
- 4 moderate to severe
- 5 severe

How severe are your baby's symptoms? Insert a rating from 0 to 5 and add any useful notes.

	Week 3 Symptom	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Notes
Skin	Redness								
	Itching								
	Hives								
	Eczema flare-up								
	Swelling								
	Rash								
Respiratory	Blocked/Runny nose								
	Coughing								
	Breathing difficulties								
	Wheezing								
	Conjunctivitis								
Gastrointestinal	Diarrhoea								
	Constipation								
	Food refusal/aversion								
	Excessive crying								
	Reflux								
	Tummy pain								
	Vomiting								
	Blood in stools								

Week 4

- 0 no symptoms
- 1 mild
- 2 mild to moderate
- 3 moderate
- 4 moderate to severe
- 5 severe

How severe are your baby's symptoms? Insert a rating from 0 to 5 and add any useful notes.

	Week 4 Symptom	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Notes
Skin	Redness								
	Itching								
	Hives								
	Eczema flare-up								
	Swelling								
	Rash								
Respiratory	Blocked/Runny nose								
	Coughing								
	Breathing difficulties								
	Wheezing								
	Conjunctivitis								
Gastrointestinal	Diarrhoea								
	Constipation								
	Food refusal/aversion								
	Excessive crying								
	Reflux								
	Tummy pain								
	Vomiting								
	Blood in stools								

Symptom tracker

Symptom tracker

We hope that you have found the information in this booklet useful.



You can find more information on cow's milk allergy and Nutramigen on our website www.nutramigen.co.uk



Advice and support. If you would like more advice on any aspects of feeding and weaning your baby, contact your doctor, dietician or health visitor.

For questions about Nutramigen, call the **Mead Johnson Careline**.

References 1. NHS. Your baby's first solid foods. November 2022. (Accessed November 2022). <https://www.nhs.uk/conditions/baby/weaning-and-feeding/babys-first-solid-foods/> 2. Koletzko S et al. *J Paediatr Gastroenterol Nutr* 2012;55:221–229. 3. Luyt D et al. *Clin & Exp Allergy* 2014;44:642–672. 4. Forsgård RA. *Am J Clin Nutr* 2019; 110:273–279. 5. Venter C et al. *Clin Transl Allergy* 2017;7:26. 6. NHS. Food allergy causes. April, 2019. (Accessed November 2022). <https://www.nhs.uk/conditions/food-allergy/causes/> 7. British Dietetic Association. Food Fact Sheet: Milk allergy October 2021. (Accessed November 2022). <https://www.bda.uk.com/resource/milk-allergy.html> 8. NICE. CG116: Food allergy in children and young people. February 2011. <https://www.nice.org.uk/guidance/cg116/evidence/full-guideline-136470061>. 9. MJN Canani Report. Prebiotics and Probiotics in Pediatrics (PPP) International congress 2016. 10. Canani RB et al. *J Allergy Clin Immunol*. 2012;129:580–582. 11. Canani RB et al. *J Pediatr*. 2013;163:771–777. 12. Canani RB et al. *J Allergy Clin Immunol*. 2017;139:1906–1913. 13. Beauchamp GK et al. *J Pediatr Gastroenterol Nutr*. 2009;48 Suppl 1:S25–S30. 14. Mennella JA, Beauchamp GK. *J Dev Behav Pediatr*. 1996;17:386–391. 15. Dhruve H et al. *Pharm J*. May 2018. (Accessed November 2022). <https://www.pharmaceutical-journal.com/cpd-and-learning/learning-article/cows-milk-protein-allergy-in-children-identification-and-treatment/20204583.article>. 16. British Dietetic Association. Food Fact Sheet: Complementary feeding (weaning). July 2020 (Accessed November 2022). [bda.uk.com/resource/complementary-feeding-weaning.html](https://www.bda.uk.com/resource/complementary-feeding-weaning.html) 17. NHS. Baby teething symptoms. February 2019. (Accessed November 2022). <https://www.nhs.uk/conditions/baby/babys-development/teething/baby-teething-symptoms/>. 18. Mennella JA et al. *Am J Clin Nutr*. 2009(suppl):780S–85S. 19. Public Health Agency Northern Ireland. Birth to five 2020. (Accessed November 2022). <https://www.publichealth.hscni.net/sites/default/files/202005/Birth%20to%20five%202020%20-%20172%20pages.pdf> 20. Wright CM et al. *Matern Child Nutr*. 2011;7:27–33. 21. British Society for Allergy and Clinical Immunology Paediatric Allergy Group and the Food Allergy Specialist Group of the British Dietetic Association. Preventing food allergy in your baby. A summary for parents. May 2018. (Accessed November 2022). https://www.bsaci.org/wp-content/uploads/2020/02/pdf_Infant-feeding-and-allergy-prevention-PARENT-SUMMARY-FINAL.pdf 22. Food Standards Agency. Food allergy and intolerance. November 2021. (Accessed November 2022). <https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance> 23. British Nutrition Foundation. Nutrition Requirements. 2021. (Accessed November 2022). <https://www.nutrition.org.uk/media/nmmewdug/nutrition-requirements.pdf>

Nutramigen 1, Nutramigen 2 & Nutramigen 3 LGG[®] are Foods for Special Medical Purposes and must be used under medical supervision. Nutramigen 1, Nutramigen 2 & Nutramigen 3 LGG[®] are not recommended for premature and immunocompromised infants unless directed and supervised by a healthcare professional. Nutramigen 1, Nutramigen 2 & Nutramigen 3 LGG[®] are not suitable for vegans, vegetarians or those who follow a halal or kosher diet.

Nutramigen Puramino[®] is a Food for Special Medical Purposes indicated for the dietary management of severe cow's milk allergy, multiple food protein allergies, and other conditions where an amino acid-based diet is recommended and must be used under medical supervision. Nutramigen Puramino[®] is not recommended for premature and immunocompromised infants unless directed and supervised by a healthcare professional. Nutramigen Puramino[®] is suitable for those who follow a halal or kosher diet.

IMPORTANT NOTICE: Breastfeeding is best for babies. The decision to discontinue breastfeeding may be difficult to reverse and the introduction of partial bottle-feeding may reduce breast milk supply. The financial benefits of breastfeeding should be considered before bottle-feeding is initiated. Failure to follow preparation instructions carefully may be harmful to the health of your baby. Parents should always be advised by an independent healthcare professional regarding infant feeding. Products of Mead Johnson must be used under medical supervision.

Trademark of Mead Johnson & Company, LLC. © 2023 Mead Johnson & Company, LLC. All rights reserved. LGG[®] is a registered trademark of Chr.

Hansen A/S. Nutramigen LGG[®] is not recommended for premature and immunocompromised infants unless directed and supervised by a healthcare professional.

*Trademark of Mead Johnson & Company, LLC.

