

## Infant feeding advice

This advice applies to all infants, including the majority of those who are at a higher risk of developing allergies. This advice is suitable for infants with mild or moderate eczema. If your infant already has severe eczema or food allergy you should seek specific additional advice from your doctor.

### Breastfeed for at least 6 months:

- ASCIA recommends breastfeeding for at least 6 months (and for as long as mother and infant wish to continue). There is evidence of many health benefits of breastfeeding for both the mother and infant. However, currently there is no consistent high quality evidence that breastfeeding will significantly change an infant's risk of developing allergies.
- ASCIA recommends a healthy balanced diet for mothers, rich in fibre, vegetables and fruit, as it provides many health benefits to the mother and infant during pregnancy and breastfeeding.

### Before 4 months:

- If an infant is not breastfed or is partially breastfed, commercial infant **formula** should be used until 12 months of age.
- Regular cow's, goat's milk (or other mammal derived milks), soy milk, nut and cereal beverages are *not recommended* for infants as the main source of milk before 12 months of age.
- Based on a recently published review of studies, there is no consistent convincing evidence to support a protective role for partially hydrolysed formulas (usually labelled 'HA' or Hypoallergenic) or extensively hydrolysed formulas for the **prevention** of eczema, food allergy, asthma or allergic rhinitis (hay fever) in infants or children.

### From 4-6 months when your infant is developmentally ready to start solids:

- Foods should not be introduced before 4 months.
- Signs that your infant may be developmentally ready to start solids include: being able to sit relatively unaided, loss of the tongue-thrust reflex that pushes food back out, and trying to reach out and grab food.
- When your infant is ready, from 4-6 months of age, introduce foods according to what the family usually eats, regardless of whether the food is considered to be a common food allergen. Raw egg is not recommended.
- You may choose to introduce one new food at a time so that if a reaction occurs, the problem food can be more easily identified. If a food is tolerated, continue to give this as a part of a varied diet.
- If possible, continue to breastfeed whilst you introduce foods to your infant. There is some limited evidence that this may reduce the risk of allergies developing, and there are many other health benefits of continued breast feeding.
- Cow's milk or soy milk (or their products, such as cheese and yoghurt) can be used in cooking or with other foods if dairy products/soy are tolerated.
- There is good evidence that for infants with severe eczema and/or egg allergy, that regular peanut intake before 12 months of age can reduce the risk of developing peanut allergy. If your child already has an egg allergy or other food allergies or severe eczema, you should discuss how to do this with your doctor.
- It is important to understand that the facial skin in babies is very sensitive and that many foods (including citrus, tomatoes, berries, other fruit and vegemite) can irritate the skin and cause redness on contact – this is not food allergy. Smearing food on the skin will not help to identify possible food allergies.
- **Some infants will develop food allergies. If there is any allergic reaction to any food, that food should be stopped and you should seek advice from a doctor with experience in food allergy.**

## Introducing foods

- **It is important to ensure that texture of solids foods is appropriate for the developmental stage of your infant. Progress from pureed to normal texture from around 4-6 months to 12 months.**
- There is no particular order in which to introduce foods. However, iron rich foods need to be included from 4-6 months (such as iron fortified cereals, meats, fish, poultry, cooked egg and legumes).
- Once pureed foods have been introduced, many parents choose to continue to introduce foods in increasing textural variety (as below), others prefer baby led weaning.
  - Start with smooth, pureed foods, such as iron fortified cereals (such as rice, oats, semolina), pureed meat, fish and poultry, then add other foods such as cooked and pureed vegetables, legumes, cooked eggs and fruits.
  - Move on to mashed and chopped foods and finger foods.
- Aim for a wide variety of different foods to be included in your infant's diet such as:
  - Cereal foods (bread, crackers, pasta, wheat based breakfast cereals).
  - Dairy foods (cow's milk on cereal, cheese).
  - Meat and alternatives (meats, poultry, cooked egg, fish, other seafood and nut products such as nut pastes and foods containing nuts).
  - Fruits and vegetables.
- Take care not to replace milk feeds too quickly with solid foods.
- Foods should include adequate amounts of iron, zinc, fat, protein, vitamins and essential minerals.
- Drinks such as water and infant formula can be generally offered from a cup from 8 months of age.
- Prevent infants choking on food by grating, cooking or mashing all hard fruits or vegetables. Do not give your infant foods that have small hard pieces such as raw apple, carrot or whole or chopped nuts. Use nut flours or pastes/butters.
- When introducing foods that other family members are allergic to, it is important to follow risk minimisation strategies to prevent cross contamination of allergens, for those who are allergic to the foods.
- **Aim for your child to be eating family meals by 12 months of age where possible.**

## Acknowledgements

These guidelines have been developed by the ASCIA Paediatric and Dietitian Committees, and reviewed by the ASCIA membership, with significant input from the Centre for Food & Allergy Research (CFAR), a National Health and Medical Research Council (NHMRC) Centre of Research Excellence (CRE).

## Further information and references

ASCIA Guidelines for allergy prevention in infants 2016  
[www.allergy.org.au/patients/allergy-prevention](http://www.allergy.org.au/patients/allergy-prevention)

## Disclaimer

This advice differs from previous advice as it is based on the most recently published reviews and studies, including those published since 2010.

ASCIA information is reviewed by ASCIA members and represents available published literature at the time of review.

The content of this document is not intended to replace professional medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

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