If symptoms do not improve during the 4 week trial what happens next?

Your GP, dietitian or health visitor will discuss next steps with you for management of the symptoms.
Sometimes breastfeeding mothers may need to also exclude other foods such as egg from their diets.
A small number of babies may need to switch to an alternative formula called an amino acid formula. You will be advised and guided depending on the individual clinical picture.

What is CMA?

You have been given this leaflet because your baby is showing symptoms of cows’ milk allergy (CMA).
This leaflet will help you to understand the condition, its management and what happens next. You and your baby will be looked after by your GP, health visitor and a dietitian and your baby’s growth and development will be monitored throughout.

What is this leaflet for?

• CMA affects only 2-3% of babies but most will outgrow the allergy and can get back to eating and drinking dairy between 1 and 2 years of age.
• CMA is more common in babies where there is a history of eczema, asthma, hay fever or food allergy in close family members, but can happen when these are not present.
• CMA can affect babies who are exclusively breastfed although this is unusual. More commonly it affects babies being formula fed, or having a combination of formula and breast milk. Or it can happen when a breastfed baby has foods which contain cows’ milk introduced to their diet.

Who gets CMA?

Most children gradually outgrow their allergy. When the time is right, usually at around 1 year old, the dietitian will provide information on how to gradually reintroduce dairy foods to the diet step-wise using a ‘milk ladder’ starting with small quantities of cooked milk, then progressing to larger quantities and fresh milk. You should always follow the advice given by your dietitian or doctor and not attempt to reintroduce foods unless advised to do so.

Further information and downloadable leaflets are available from Allergy UK: www.allergyuk.org

This leaflet has been produced in conjunction with:
NELFT’s Dietetic and Health Visiting Service; Essex Child and Family Wellbeing Service; NHS Basildon and Thurrock University Hospitals NHS Foundation Trust’s Paediatricians and Dietitians; NHS Basildon and Brentwood CCG; and NHS Thurrock CCG.

This leaflet has been shared with you by:

Contact tel number:
What are the symptoms? How is it tested for?

The symptoms listed below may be present – often several symptoms occur together.

Usually, baby will be gaining weight and growing normally. Some symptoms such as reflux, colic or constipation are quite frequently seen in babies who do not have CMA and will improve with time. Your health visitor can advise on how to help these symptoms. Rarely, there is immediate lip swelling, hives or rash. There are no skin or blood tests for the more common delayed onset CMA. The only reliable test is to take all cows’ milk protein out of the diet of a breastfeeding mother or use a formula designed for babies with CMA if formula fed, and see if symptoms improve.

Refusal or reluctance to feed
Reflux, arching back, vomiting
Itching and redness of the skin
Frequent loose stools
Constipation (sometimes straining to pass even loose stool)
A little blood or slime in the stools
Pain in the tummy
Irritability and colic
Rashes, eczema
Excessive crying
Restless sleep and...