

ALLERGIES, INTOLERANCES AND YOUR BABY

Could allergies or intolerances be contributing to my baby's symptoms?

There are many babies and children who DO have intolerances and/or allergies- and these can contribute to reflux symptoms as well. It's important to consider this when thinking about an elimination diet (if breastfeeding) or when choosing a formula.

One important distinction to make - because this is a question that comes up often and can be very confusing - is that cow's milk protein allergy/intolerance (CMPA/CMPI) and lactose intolerance are two very different things.

What is Lactose Intolerance?

Lactose is the sugar in dairy products. If you are lactose intolerant it means that your body does not make the enzymes necessary to digest lactose - or at least not enough of them.

Most cases of lactose intolerance do not develop until adulthood- that tends to be when our body's ability to produce lactase (the enzyme that digests lactose) naturally declines. Congenital lactose intolerance (meaning present from birth) is extremely rare, and primary lactose intolerance is considered very uncommon in children under age three.

Babies can have temporary lactose intolerance and this is usually characterized by a short course (often no more than a few weeks) of gastrointestinal symptoms such as looser stool, bloating and gas. This temporary lactose intolerance often follows a viral illness, like gastroenteritis.

On that note: if you are breastfeeding/combination feeding and suspect that your baby may have temporary lactose intolerance, eliminating cow's milk protein from your own diet isn't necessary or helpful-that's because breastmilk always contains lactose, regardless of a mother's diet.

What is CMPI/ CMPA?

Cow's milk protein intolerance/allergy (CMPI/CMPA) occurs when there is an immune reaction to one of the proteins in animal milk. There are usually two types of reactions to cow's milk protein:

- 1.immediate: this tends to cause symptoms like hives, swelling, difficulty breathing, etc. these can all be signs of anaphylaxis and are a medical emergency
- 2.delayed: these tend to be GI related symptoms, particularly large amounts of mucous and even blood in stool

CMPA

Your baby's immune system is reacting to the proteins (whey and/or caesin) in cow's milk

Reactions can be GI related or involve skin and/or respiratory symptoms

The most common food allergy in children under three; most will outgrow

Lactose Intolerance

Your baby has difficulty digesting lactose, the natural sugar found in milk

Reactions are primarily GI related

Can occur temporarily following a viral infection; primary lactose intolerance is rare for children under two



IgE vs. non IgE mediated Reactions

You may also have heard the phrase 'IgE vs non-IgE mediated' when it comes to cow's milk protein allergy. This has to do with how your baby's immune system is reacting to the proteins and is caused by something called immunoglobulins.

IgE food allergies are the ones that cause an immediate reaction and cause the types of symptoms that people tend to be more familiar with when thinking about food allergies: difficulty breathing/the sensation your throat is constricting, hives, swelling, vomiting and even anaphylactic shock.

There is also the possibility of a non IgE mediated food allergy. With this sort of reaction, symptoms tend to be delayed and can include reflux symptoms as well as stomach pain, gas, cramping, diarrhea and/or constipation, nausea, vomiting and eczema.

My baby's doctor says there's no test for CMPA?

Yes and no - the answer really depends on the type of reaction as well as the approach of your healthcare provider.

It is certainly possible to test for IgE mediated allergies. Usually, this would be done after referral to an allergist and typically begins with a skin prick test.

Blood Testing

If the skin prick test is positive then it will often be followed up by a blood test that will look at specific food antigens. The test will show the exact numbers of immunoglobulins towards specific antigens.

Up until a few years ago, Radioallergosorbent (RAST) testing was the go-to blood test for helping to diagnose an allergy. Currently, newer blood tests are available such as:

- ImmunoCAP testing
- enzyme-linked immunosorbent assay (ELISA)

With this test as well, however, you need to exercise caution. A positive result does not necessarily mean that your baby is allergic - only that there is the potential for a reaction. This is another reason why some allergists may not do this type of test in children under a certain age- the results can cause some parents to unnecessarily eliminate foods from a baby's diet. This in turn reduces the variety of nutrients and foods they are being exposed to and could even lead to the development of an allergy towards the antigen. Of course, there are some instances where the results of the testing plus a child's medical history will indicate that there is an allergy, in which case an Epi-Pen is likely to be prescribed.

In some cases, blood testing may be followed up by an in-office oral food challenge to determine if there are true reactions to certain foods.

Non IgE Mediated Allergies and Intolerances

Non IgE mediated allergies will not show on either skin or blood tests (another reason why doctor's may discourage formal testing and instead turn to symptom-based diagnosis).

Non IgE mediated allergies are much less understood, and because reactions can occur up to 72 hours later it can be hard to make the connection to the trigger food, especially once a baby is also on solid foods. Nonetheless, The Royal Children's Hospital in Melbourne reports that the most common causative foods for non-IgE-mediated food allergies are cow's milk and soy proteins in infants and wheat in older children.

If a non IgE mediated allergy is suspected, your child's doctor may recommend an elimination diet, or a trial of an extensively hydrolyzed or amino acid formula. Most doctors will recommend this trial for at least two to four weeks. Some will then suggest a phased reintroduction to the suspected allergen and a careful monitoring of symptoms to see how they change.

What else do I need to know about IgE and non IgE allergies?

- Babies and children can have both types of allergy
- Adrenaline is used for severe IgE reactions (anaphylaxis) whereas non IgE allergies are not life threatening
- Testing for IgE allergies may be inaccurate in very young children
- It is possible to outgrow both IgE and non IgE allergies
- Treatment for both types of allergy is to remove the trigger food

Intolerances

Another possibility is that your baby simply does not tolerate a food well - or what is commonly referred to as an intolerance. The following are all signs that your baby could have an intolerance:

Excessive Spitting Up or Vomiting

- 1 Babies with food intolerances may exhibit frequent and excessive spitting up or vomiting, where stomach contents are regurgitated into the mouth. The spitting up can occur shortly after feeding or during normal daily activities, leading to discomfort and messiness.

Irritability During or After Feedings:

- 2 Infants with food intolerances may show signs of irritability, fussiness, or discomfort during or after feedings. They may become agitated, cry inconsolably, or display signs of gastrointestinal discomfort, such as arching their back or pulling their legs towards their belly.

3 **Poor Weight Gain:**

Food intolerance can impact a child's ability to absorb essential nutrients, leading to inadequate weight gain or even weight loss. If a infant consistently struggles to gain weight or falls below the expected growth curve, it may indicate an underlying food intolerance that needs to be addressed.

4 **Gastrointestinal Issues:**

Common gastrointestinal symptoms associated with food intolerances in children include bloating, excessive gas, diarrhea, or constipation. These symptoms can cause discomfort, pain, and disrupt the baby's normal bowel movements.

If you suspect your baby may not tolerate a certain food or ingredient well, keeping a food journal may help. Another option is to consider food sensitivity and intolerance testing.

At our practice, we offer specialized testing for some of the most common food intolerances, including:

- Corn
- Dairy
- Egg
- Grain
- Lectin
- Mammalian Milk
- Nuts
- Peanuts
- Seafood
- Soy
- Wheat

Additionally, you can choose combinations of four, eight, or all eleven food intolerances. This not only saves you money but also provides a comprehensive and personalized approach to uncovering and managing potential dietary sensitivities



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You can learn more about the food intolerance testing we offer through the practice by clicking here:

CLICK HERE

