

Milk Allergy in Infants

Almost all infants are fussy at times. But sometimes infants are excessively fussy because they have an allergy to the protein in cow's milk, which is the basis for most commercial baby formulas.

A person of any age can have a milk allergy, but it is more common among infants. Approximately 2% to 3% of infants have a milk allergy, and they typically outgrow it.

If you think that your child has a milk allergy, talk with your child's provider. There are tests that can diagnose the condition and alternatives to milk-based formulas and dairy products that your provider can recommend.

What Is a Milk Allergy?

A milk allergy occurs when the child's immune system mistakenly sees the milk protein as dangerous and tries to fight it off. This starts an allergic reaction, which can cause an infant to be fussy and irritable, and cause an upset stomach and other symptoms. Most children who are allergic to cow's milk also react to goat's milk and sheep's milk, and some of them are also allergic to the protein in soy milk.

Infants who are breastfed have a lower risk of developing a milk allergy than infants who are formula fed, but researchers don't fully understand why some children develop a milk allergy and others don't. It's believed that in many cases, the allergy is genetic.

Typically, a milk allergy goes away on its own by the time a child is 3 to 5 years old, but some children never outgrow it.

A milk allergy is not the same thing as **lactose intolerance**, the inability to digest the sugar lactose, which is rare in infants and more common among older kids and adults.

Symptoms of a Milk Allergy

Symptoms of cow's milk protein allergy will generally appear within the first few months of life. An infant can experience symptoms either very quickly after feeding (rapid onset) or not until 7 to 10 days after consuming the cow's milk protein (slower onset).

The slower-onset reaction is more common. Symptoms may include loose stools (possibly containing blood), vomiting, gagging, refusing food, irritability or colic, and skin rashes. This type of reaction is more difficult to diagnose because the same symptoms may occur with other health conditions. Most children will outgrow this form of allergy by 2 years of age.

Rapid-onset reactions come on suddenly with symptoms that can include irritability, vomiting, wheezing, swelling, hives, other itchy bumps on the skin, and bloody diarrhea. In rare cases, a potentially severe allergic reaction called **anaphylaxis** can occur and affect the baby's skin, stomach, breathing, and blood pressure. Anaphylaxis is more common in other food allergies than in a milk allergy.

Diagnosing a Milk Allergy

If you suspect that your infant is allergic to milk, call your baby's provider. The provider will likely ask about any family history of allergies or food intolerance and then do a physical exam. There's no single lab test to accurately diagnose a milk allergy, so your provider might order several tests to make the diagnosis and rule out any other health problems.

In addition to a stool test and a blood test, the provider may order an allergy skin test, in which a small amount of the milk protein is inserted just under the surface of the child's skin with a needle. If a red, raised spot called a **wheal** emerges, the child may have a milk allergy.

The provider may also request an oral challenge test. After you stop feeding your baby milk for about a week, the provider will have the infant consume milk, then wait for a few hours to watch for any allergic reaction. Sometimes providers repeat this test to reconfirm the diagnosis.

Treating a Milk Allergy

If your infant has a milk allergy and you are breastfeeding, it's important to restrict the amount of dairy products that you ingest because the milk protein that's causing the allergic reaction can cross into your breast milk. You may want to talk to a dietician about finding alternative sources of calcium and other vital nutrients to replace what you were getting from dairy products.

Since January 2006, all food makers must clearly state on package labels whether the foods contain milk or milk-based products, indicating this in or next to the ingredient list on the packaging. Keep in mind, though, that this law applies only to foods packaged after the start of 2006, so some foods packaged before then may not have any information about food allergens.

If you are formula-feeding your infant, your provider may advise you to switch to a soy protein-based formula. If your infant can't tolerate soy, your provider may have you switch to a hypoallergenic formula, one in which the proteins are broken down into particles so that the formula is less likely to trigger an allergic reaction.

Two major types of hypoallergenic formulas are available:

- Extensively hydrolyzed formulas have cow's milk proteins that are broken down into small particles so that they are less allergenic than the whole proteins in regular formulas. Most infants who have a milk allergy can tolerate these formulas, but in some cases, they still provoke allergic reactions.
- Amino acid-based infant formulas, which contain protein in its simplest form (amino acids are the building blocks of proteins). This may be recommended if your baby's condition doesn't improve even after a switch to a hydrolyzed formula.

There are also "partially hydrolyzed" formulas on the market, but they are not considered truly hypoallergenic and they can still provoke a significant allergic reaction.

The formulas available in the market today are approved by the U.S. Food and Drug Administration (FDA) and created through a very specialized process that cannot be duplicated at home. Goat's milk, rice milk, or almond milks are **not** safe and are not recommended for infants.

Once you switch your baby to another formula, the symptoms of the allergy should go away in 2 to 4 weeks. Your child's provider will probably recommend that you continue with a hypoallergenic formula up until the baby's first birthday, then gradually introducing cow's milk into his or her diet.

If you have any questions or concerns, talk with your child's provider.