Food Allergies

1. **How can I tell if my child has food allergies?**

Allergies are a confusing topic even for medical professionals. An allergy means that a child is extra sensitive to something in his environment, and a person can be extra sensitive to anything! It is true that allergies run in families, but even a baby with two allergy-free parents can have allergies.

Your baby may have allergies if you notice any of the following: difficulty breathing or swallowing, swelling of the tongue or face, excessive drooling, hives, blood in the stool, or eczema or other skin rash. These are all concerning signs of a very serious allergy that needs to be treated urgently, especially if your child has more than one of these symptoms. If your baby gets diarrhea or gas after eating a certain food, stop giving the baby that food and discuss with your child’s primary care provider before reintroducing the food.

The most common food allergies include:

- eggs
- fish
- milk and other dairy products
- peanuts
- shellfish
- soy
- tree nuts (cashews, pistachios, pecans)
- wheat

Sometimes parents are tempted to experiment with their baby’s food intake to try to isolate a food allergy. However, this practice is NEVER appropriate for children with serious allergic symptoms. When considering food allergies in young children, it is always best to partner with a health care provider around diagnosis and to develop a feeding plan.

2. **How can I tell if my baby is allergic to milk protein?**

Milk protein allergy in adults results in loose and/or bloody stools after drinking milk and eating milk products. Infants may be exposed to milk protein through breastfeeding and show the same symptoms. Infants with milk protein allergies may also have chronic stuffiness or rash where the milk touches her face. Your child’s pediatric provider can help you determine whether the symptoms are related to a milk protein allergy. Switching formula should not be done without consulting with your child’s pediatric provider. Infants with milk protein allergies may outgrow the allergies, but reintroducing milk into baby’s diet should be done with the pediatric provider’s supervision.

3. **What about introducing peanuts to my baby?**

Work closely with your health care provider to plan how best to introduce peanut products to your baby. Guidance from the National Institutes of Health recommends careful introduction of peanut products around 6 months old, as recommended by a physician or health care provider, to reduce the risk of peanut allergy. Children with eczema or other atopic or allergic disease may benefit from early exposure to peanuts, around 4–6 months old, but they may require allergy testing or first exposure to peanut products in the pediatric office, so parents should discuss early with their pediatrician.