Delayed Onset Cow’s Milk Protein Allergy

Information for parents and carers

This information leaflet is aimed at parents/carers of children with a cow’s milk protein allergy. The leaflet focuses on delayed onset allergy. If you have any further questions, please speak to a member of staff caring for your child.

What is cow’s milk protein allergy?

Cow’s milk protein (CMP) allergy happens when the immune system gets confused and reacts to things that are normally tolerated in the diet. It can develop in fully or partially breast-fed infants as well as in infants fed with a normal cow’s milk-based baby formula.

It is the most common food allergy occurring in infants and young children and is estimated to affect up to six per cent of all children. Most children will have the symptoms by six months of age, but in rare cases, it can occur later in your child’s development.

There are two types of CMP allergy:

- **Immediate** (involving the body’s allergy antibody, known as IgE)
- **Delayed** (sometimes called non-IgE-mediated allergy).

The symptoms for immediate CMP allergy are different from the symptoms encountered with delayed CMP allergy. With an immediate CMP allergy, symptoms usually start within two hours of drinking cow’s milk. With a delayed CMP allergy, symptoms happen up to 72 hours later.

This leaflet focuses on delayed onset CMP allergy, which accounts for approximately a third of all cow’s milk allergies.

What are the symptoms?

The symptoms of a delayed CMP reaction can include:

- blood and/or mucus in the stool (poo)
- vomiting
- refusal to feed
- difficulty swallowing
- diarrhoea and/or constipation
- eczema.
Is delayed CMP allergy the same as lactose intolerance?
Lactose intolerance is commonly confused with delayed onset CMP allergy, as the symptoms overlap. However, lactose intolerance is not an allergy. It is the inability of the gut to breakdown the sugar in milk (lactose), which causes watery diarrhoea and stomach pain.

How is delayed CMP allergy diagnosed?
The diagnosis of delayed CMP allergy is based on the history and the presence of characteristic symptoms that:

- improve or resolve (go away) when cow’s milk is excluded from the diet
- reappear when cow’s milk is reintroduced into the diet.

With immediate onset CMP allergy, skin prick tests or blood tests can help with the diagnosis. However, because the IgE antibody is not involved in delayed onset CMP allergy, these tests are not helpful in diagnosing delayed onset CMP allergy.

How is delayed CMP allergy treated?
Once a diagnosis of delayed CMP allergy has been made, you will be given advice on how to manage the condition by your child’s doctor.

The best treatment is to avoid cow’s milk and all cow’s milk products, including cheese and yoghurt. If you are breastfeeding and your baby appears to be very sensitive to cow’s milk, you may need to remove cow’s milk from your own diet so that it is not passed on to your baby through your breast milk. You will be given advice on how to avoid foods containing cow’s milk and you may be advised to take a calcium supplement.

If your baby is formula-fed, there are a number of special hypoallergenic formulas that are suitable. Formula milks should be tried for four to six weeks to see if there is an improvement in your baby’s symptoms. Soya-based drinks can also be used, but are not recommended for infants under the age of six months. Many children with CMP allergy are also allergic to goat’s milk and sheep’s milk. These are therefore not recommended as alternatives to cow’s milk.

Cow’s milk is the major source of calcium in infant diets. A paediatric (children’s) dietician in the community may review your child to ensure he/she is getting adequate nutrition.

Does the allergy go away?
Delayed CMP allergy resolves in most children. After the age of one, your doctor may recommend that you cautiously start to reintroduce cow’s milk back into the diet, beginning with the least allergenic forms first.

Where can I find out more?
You can find further information on the Allergy UK website: www.allergyuk.org
Contact us
If you have any questions following your child’s appointment, please call the switchboard and ask to speak to the paediatric medicine secretaries, who will put you in touch with the doctor who saw your child. The number for the hospital switchboard is 020 8672 1255.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)
PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).
Tel: 020 8725 2453   Email: pals@stgeorges.nhs.uk

NHS Choices
NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.
Web: www.nhs.uk

NHS 111
You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111

AccessAble
You can download accessibility guides for all of our services by searching ‘St George’s Hospital’ on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.