

Approx. 2% of UK infants have CMA – most children with the symptoms listed below will not have CMA & do not require an elimination diet but there should be an increased index of suspicion in infants with multiple, persistent, significant or treatment-resistant symptoms. Breast milk is the ideal nutrition for infants with CMA. iMAP primarily guides on early recognition of CMA, then confirmation or exclusion, followed by the optimal management of confirmed mild-to-moderate Non-IgE CMA.

**Mild to Moderate Non-IgE-mediated CMA**

Mostly 2-72 hrs. after ingestion of Cow's Milk Protein (CMP)

Formula fed, exclusively breast fed or at onset of mixed feeding

**Usually several of these symptoms will be present**

Treatment resistance e.g. to atopic dermatitis or reflux, increase likelihood of allergy

**Gastrointestinal**

- Irritability - 'Colic'
- Vomiting - 'Reflux' - GORD
- Food refusal or aversion
- Diarrhoea-like stools
  - loose and/or more frequent
- Constipation – especially soft stools, with excessive straining
- Abdominal discomfort, painful flatus
- Blood and/or mucus in stools in an otherwise well infant

**Skin**

- Pruritus (itching), Erythema (flushing)
- Non-specific rashes
- Moderate persistent atopic dermatitis

Cow's Milk Free Diet

**Exclusively breast feeding mother\***

Trial exclusion of all Cow's Milk Protein from her own diet and to take daily Calcium and Vit D

**Formula fed or 'Mixed Feeding'\***

Trial of Extensively Hydrolysed Formula - eHF

**See Management Algorithm**

**Severe Non-IgE-mediated CMA**

Mostly 2-72 hrs. after ingestion of Cow's Milk Protein (CMP)

Formula fed, exclusively breast fed or at onset of mixed feeding

One or more of these **Severe** and **Persisting** symptoms:

**Gastrointestinal**

- Diarrhoea, vomiting, abdominal pain, food refusal or food aversion, significant blood and/or mucus in stools, irregular or uncomfortable stools
- +/- Faltering growth

**Skin**

- Severe atopic dermatitis +/- Faltering Growth

**Cow's Milk Free Diet**

**Exclusively breast feeding mother\***

If symptomatic, trial exclusion of all Cow's Milk Protein from her own diet and to take daily Calcium and Vit D

**Formula fed or 'Mixed Feeding'\***

Trial replacement of Cow's Milk formula with Amino Acid Formula (AAF)

**Ensure:**

**Urgent referral to local paediatric allergy service**

**Urgent dietetic referral**

**Severe IgE CMA**

**ANAPHYLAXIS**

Immediate reaction with severe respiratory and/or CVS signs and symptoms.

(Rarely a severe gastrointestinal presentation)

**Emergency Treatment and Admission**

**Mild to Moderate IgE-mediated CMA**

Mostly within minutes (may be up to 2 hours) after ingestion of Cow's Milk Protein (CMP)

Mostly occurs in formula fed or at onset of mixed feeding

**One or more of these symptoms:**

**Skin – one or more usually present**

- Acute pruritus, erythema, urticaria, angioedema
- Acute 'flaring' of persisting atopic dermatitis

**Gastrointestinal**

- Vomiting, diarrhoea, abdominal pain/colic

**Respiratory**

- Acute rhinitis and/or conjunctivitis

Cow's Milk Free Diet

Support continued breast feeding where possible.

If infant is symptomatic on breast feeding alone (rare), trial exclusion of all Cow's Milk Protein from maternal diet alongside daily maternal Calcium and Vit D as per local recommendations.

**Formula fed or 'Mixed Feeding'\***

If mother unable to revert to fully breast feeding

1st. Choice - Trial of Extensively Hydrolysed Formula – eHF

Infant soy formula may be used over 6 months of age if not sensitised

Initial IgE testing needed

**If diagnosis confirmed** (which may require a Supervised Challenge in a minority of cases) :

Follow-up with serial IgE testing and later Planned Challenge to test for acquired tolerance

Dietetic referral required

**UK NICE Guidance - If competencies to arrange and interpret testing are not in place - early referral to local paediatric allergy service**