

Cow's Milk Protein Allergy (CMPA) and feeding difficulties

Frequently Asked Questions

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Q: What is Cow's Milk Protein Allergy (CMPA)?

A: Cow's milk protein allergy (also known as CMPA) is when the body reacts to the proteins found in milk and milk products such as cheese, yoghurt and butter and any products that contain milk as an ingredient. The body views these harmless proteins as a potential threat.

CMPA is the most common food allergy in babies and young children BUT it is still rare present in around 2% of children (1). As the symptoms of CMPA can be so similar to common baby behaviours, CMPA is often over-diagnosed. To ensure parents and health care professionals are all familiar of the symptoms of CMPA and what is typical for a normal baby, we have created this list of FAQ.

Q: What are the symptoms of CMPA?

A: Allergic symptoms can happen immediately after having milk protein (usually begin within 15 minutes but very rarely as long as 2 hours after eating the food) or delayed (2+ hours).

Immediate Symptoms

Symptoms of immediate food allergy usually begin very quickly after eating the food, nearly always within 15 minutes but very rarely up to as long as 2 hours. This can indicate that your child may have **IgE CMPA**.

- Hives (nettle sting type rash)
- Swelling of eyes, lips, face, or tongue
- Itchy/red/watering eyes
- Sudden sneezing/blocked nose.

In some instances, more severe symptoms such as breathing difficulties or collapse can develop. This is known as anaphylaxis. This is very rare.

Delayed Symptoms

- Diarrhoea or constipation
- Nausea, reflux, vomiting or stomach-ache
- Blood or mucus in stools.

This can indicate that your child may have **non-IgE CMPA**.

Common “normal” baby behaviours often confused for CMPA:

Crying, colic and vomiting can often be confused with CMPA. Please see feeding difficulties leaflet for more information.

Stools

Normal baby poos are across a spectrum of colours, consistencies, and frequencies. Normal colour: shades of yellow, orange, brown or green. Mucus can be present in a baby's stools but provided they are growing and feeding well, this would not be of concern.

Speak to your GP if you child's poo is white, red or black.

Stool Frequency:

Age	Number of bowel movements per week	Average number of bowel movements per day
0-3 months breast fed	5-40	2.9
0-3 months formula fed	5-28	2.0
6-12 months	5-28	1.8
1-3 years	4-21	1.4
3 years and older	3-14	1

Q: My child is vomiting after each feed, could they have CMPA?

A: Vomiting/reflux is very common in babies (40%) and much more likely to be the cause of your child's vomiting. First steps would be to ensure your baby is held upright for a period of time after a feed (30 minutes) and avoid any rocking/bouncing as this will likely make the reflux worse.

Q: My child has eczema, is this caused by food?

A: Please see eczema and CMPA leaflet. Most eczema is not food related.

Q: I have seen allergy testing online, does my child need an allergy test?

A: Unfortunately, we do not have a "test" to confirm delayed allergies. The gold standard way to confirm/rule-out CMPA is by removing milk and all milk sources for a period of 4-6 weeks, followed by reintroducing them.

The process for excluding/reintroducing milk will be explained to you by your Health Visitor (see Parent Leaflet).

Allergy tests are used to help predict whether a person will have an immediate allergic reaction to a food. There are only two forms of allergy testing that should be performed; a skin prick or a blood test for specific IgE (this used to be known as a "RAST" test).

Unfortunately, these tests are not helpful for delayed allergies and will not help "prove" or rule-out allergies.

Q: My child has CMPA, will I need to avoid other foods?

A: No, if your child is confirmed with CMPA, they will only need to avoid milk (in all forms) in their diet. In fact, if your child has a confirmed CMPA, you are encouraged to introduce allergens as soon as you start to wean. Research shows that avoiding allergens in the diet can increase their risk of developing an allergy.

Other Allergens**Q: What are the other allergens?**

A: 14 Food Allergens: Milk, soya, eggs, fish, peanuts, tree nuts, sesame seeds, cereals containing gluten (e.g., wheat, rye, barley, oats), crustaceans, celery, mustard, molluscs (e.g. mussels, squid), lupin and sulphites (found in dried fruit, meat products, soft drinks).

The most common types of food allergy in infants and children are hen's egg, cows' milk, peanut, soy, wheat and fish.

Q: How do I introduce other allergens?

A: Foods containing allergens (such as peanuts, hen's egg, gluten and fish) can be introduced from around 6 months of age, 1 at a time and in small amounts so you can spot any reaction.

Once the allergen is in the diet, it is important that your child eats this regularly (a few times a week initially, followed by weekly, monthly, and then a frequency that you would in your family diet).

Resources

Reflux Resources	
www.nhs.uk/conditions/reflux-in-babies/	
www.livingwithreflux.org/pdfs/living-with-reflux-charity-guide.pdf	
Crying/Colic Resources	
www.parentclub.scot	
www.cry-sis.org.uk	
f3bf23_25212be9332f480ab7b7643f3cbce1c3.pdf (cry-sis.org.uk)	
https://iconcope.org/	

References: 1) Sicherer SH. Epidemiology of food allergy. J Allergy Clin Immunol. 2011; 127(3): 594–602. <https://doi.org/10.1016/j.jaci.2010.11.044>

2) Fontana et al. Bowel Frequency in Healthy Children. Acta Paediatrica – Nurturing the child. 1989; 78 (5): 682-684

