

Cow's milk allergy (CMA)

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Mild to moderate non-IgE mediated CMA can be managed in primary care with balanced dietary exclusion.

Undertake an allergy focused history and examination as below to establish the diagnosis of non-IgE mediated Cow's milk allergy rather than IgE mediated. Non-IgE symptoms are:

Delayed onset (2-72 hours after cow's milk ingestion)

This can present with symptoms such as: vomiting, abdominal discomfort, loose and/or frequent stools, constipation, blood and/or mucus in stools, food refusal or aversion and catarrhal respiratory symptoms

Physical examination: Perianal excoriation, eczema which does not respond to appropriate treatment; growing appropriately

Allergy testing (blood tests or skin prick tests) is **not** indicated for non-IgE mediated CMA.

Antihistamines or adrenaline are not required in non-IgE-mediated CMA.

Cow's milk exclusion-reintroduction trial is the gold standard test.

Differential diagnoses: Gastro-oesophageal reflux, lactose intolerance, coeliac disease, other food allergies.

Management:

Completely exclude cow's milk from the child's diet (or mother's diet if the child is breastfed) for 2 to 4 weeks. If CMA, most symptoms will settle within 4 weeks of exclusion diet.

Substitute milks to replace cow's milk: (refer to local formulary).

Child under 6 months of age:

Breast-fed: If the child is symptomatic on breast feeds, mother to adopt a cow's milk-free diet.

Ensure maternal supplements of calcium 1000mg and vitamin D 10mcg daily.

Formula-fed:

- Step 1- Extensively hydrolysed milk formulas (EHFs): will be effective for around 90% of children; trial EHF for 2 weeks. If no response, move to Step 2.
- Step 2 - Amino Acid Formulas (AAFs): will be effective for almost all children; but are less palatable and more expensive.

Child over 6 months of age

Soya formula: can be given as a milk replacement to girls after six months, or boys after 12 months of age. However, 10-20% of children with milk allergy will be cross-reactive to soya milk. It is therefore not an adequate choice for a diagnostic withdrawal diet

Other mammalian milks (goats, sheep, etc): contain similar proteins to cow's milk, hence have high rates of cross-reactivity and are best avoided

Vegetable 'milks' (oat, hemp, coconut, almond): are low in protein and fat, hence nutritionally inadequate as staple foods and cannot replace breastmilk or formula. However, they may have value as minor ingredients when cooking family meals, as EHF's and AAF's will render food less palatable

Commercially-available rice milk is nutritionally worthless and should be avoided.

If there is no improvement after 4 weeks of the exclusion diet, re-evaluate the diagnosis. Undertake regular reviews including weight monitoring, during the exclusion period.

If there is improvement on the exclusion diet, reintroduce cows' milk after the agreed exclusion period.

If symptoms resolve on cow's milk-free diet, and recur with reintroduction of cow's milk, this strongly

supports the diagnosis of CMA. Ensure the family understand that reintroduction of milk following the initial exclusion period is absolutely crucial to rule out false-positive responses and that failure to reintroduce milk will cause overdiagnosis of CMA.

Milk reintroduction

Continue the exclusion diet for a minimum of 6 months, or until the child is 9–12 months old. A planned cow's milk reintroduction at home using a Milk Ladder ([imap final ladder-may 2017 original.pdf](#)) is then undertaken to determine if tolerance has been achieved. If child has ever had any acute symptoms or has current active eczema, home reintroduction is contraindicated.

Most children with non-IgE-mediated CMA will become milk tolerant; around 60% of children by 3 years of age and around 75% of children by 5 years of age.

Indications for re-referral:

Immediate onset or acute onset symptoms at any time

Severe persistent symptoms (any of vomiting, diarrhoea, eczema, blood in stools, food refusal/aversion)

Faltering growth

Diagnostic uncertainty after exclusion - reintroduction trial

Home reintroduction of cow's milk contraindicated

Parent information leaflets:

Cow's Milk Allergy Journey | Allergy UK | National Charity

Cow's Milk Ladder | Allergy UK | National Charity <https://www.allergyuk.org/?s=MILK>

Milk Allergy in Primary Care (iMAP) guideline at <https://gpifn.org.uk/imap/>

BSACI milk allergy guideline at <https://www.bsaci.org/guidelines/bsaci-guidelines/cows-milk-allergy/>

British Dietetic Association <https://www.bda.uk.com/resource/milk-allergy.html>

Allergy focused history: [imap-allergy-focused_history_original.pdf](#)

If referring back, please state that the referral has already been through Advice and Guidance and include a copy of the previous correspondence, to ensure we don't duplicate advice.

With kind regards,

[Clinician name and role]