

FOOD ALLERGIES AND LACTOSE INTOLERANCE IN BREAST-FED BABIES

FOOD ALLERGIES

Breast-fed infants are less likely to develop allergies than formula-fed infants because of the protective effect of breast milk. However, some breast-fed infants may react to foods passed through your breast milk. The most common allergy in infants is to cow's milk. An allergy to cow's milk is a reaction to the protein found in milk. It affects only 1-8% of infants. Possible symptoms include a skin rash, diarrhea, vomiting, runny nose, colic, and blood in the stool. Families with a history of cow's milk allergy are more likely to have infants who are allergic to cow's milk.

If you suspect your baby is allergic to cow's milk, consult your physician or a registered dietitian for advice on a milk-free diet. You will have to eliminate milk and milk products for five days and then gradually re-introduce them to see if they are causing the problem. If you do eliminate any food group from your diet, you will have to substitute other foods to make up for lost nutrients.

Most infants that are allergic to cow's milk outgrow their allergy to milk before the age of 3. After the age of 1 or 2, consult your doctor or registered dietitian about introducing milk back into the diet. Milk and milk products contain many essential nutrients like vitamin D, vitamin A, calcium, and riboflavin that are difficult to replace in a growing child's diet.

Other foods that infants have allergies to include eggs, chocolate, citrus fruits, fish and peanuts. Again, consult your doctor or registered dietitian if you think any of these foods are causing problems for your baby.

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LACTOSE INTOLERANCE

Lactose is a natural sugar present in the milk of all mammals including human breast milk, cow's milk and goat's milk. It is normally broken down in the body by a substance called lactase. Individuals who are lactose intolerant cannot fully break down lactose because they do not have enough lactase. This results in stomach bloating, gas, cramps, and/or diarrhea.

Immediately after birth, the activity of lactase reaches a maximum, so it is extremely rare for an infant to be lactose intolerant. Lactose intolerance is more commonly seen in adults, especially adults of African, Asian, Oriental or Native descent.

Make sure that your baby is emptying one breast fully before switching to the second breast since milk available early in the feeding (foremilk) is lower in fat and higher in lactose while milk available at the end of a feeding (hindmilk) is higher in fat and lower in lactose. Consuming large amounts of foremilk and little hindmilk, can result in gassiness, frequent stools, spitting up, fussiness and general discomfort. Relief is achieved by letting your baby nurse from the first breast until spontaneously pulling away satisfied. Then the second breast should be offered.

If you suspect your infant is lactose intolerant, consult your physician. Remember that it is normal for newborn babies to cry and be fussy. Most babies have at least one fussy period a day, often in the early evening and most cry more at 2-4 weeks than at birth. Do not assume that a fussy or colicky baby is lactose intolerant since there are many reasons why babies cry.