

## Complementary Food Introduction for Infants At-risk of Food Allergy

**Attention:** Physicians, Nurse Practitioners, Family Health Teams, Central LHIN, NSM LHIN, Neighbouring Health Units, Midwives

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The Canadian Paediatric Society released a Practice Point in January related to the introduction of complementary foods to *infants at high risk of developing a food allergy*. CPS states, 'For high-risk infants, and based on developmental readiness, consider introducing common allergenic solids around six months of age, but not before an infant is four months of age'.

**For healthy, full-term infants, primary care providers should continue to recommend exclusive breastfeeding to six months, as per Health Canada guidance.** The Canadian Paediatric Society, Dietitians of Canada and the Breastfeeding Committee for Canada endorsed this population level message in 2012, and it is still considered current. For infants at no or low risk for food allergy, introducing complementary foods at about six months is still recommended.

**Breastfed infants who meet the definition of high-risk for development of food allergy can be introduced to commonly allergenic complementary foods around 6 months, but not before 4 months.** Infants at high risk are those with a personal history of atopy, including eczema, or having a first-degree relative with atopy (e.g. eczema, food allergy, allergic rhinitis, or asthma). Common food allergens are peanut, fish, wheat (including iron-fortified cereals with wheat), milk products, soy and whole eggs.

**CPS practice recommendations for introducing commonly allergenic foods to breastfed infants at high-risk of developing food allergy include:**

- Allergenic foods should be introduced one at a time, to gauge reaction, without unnecessary delay between each new food.
- If an infant appears to be tolerating a commonly allergenic food, advise parents to offer it a few times per week to maintain tolerance.
- The texture or size of any complementary food should be age-appropriate to prevent choking. For young infants, smooth peanut butter can be diluted with water or mixed with a previously tolerated puréed fruit or vegetable, or with breast milk. For older infants, smooth peanut butter can be spread lightly on a piece of thin toast crust, or a peanut puff product could be offered.
- Breastfeeding should be protected, promoted and supported for up to 2 years and beyond.

Health Canada states exclusive breastfeeding to six months of age is associated with continued protection for the infant against gastrointestinal infections and illness as well as respiratory tract infections. Exclusive breastfeeding is also associated with maternal benefits, such as more rapid post-partum weight loss and a delayed return of menses.



The CPS Practice Point highlights the benefit of introducing a texture-modified form of peanut to high-risk infants aged 4 to 11 months based on the prevalence of peanut allergy measured at 3 years of age. There is still insufficient evidence from randomized trials to suggest if the introduction of allergenic complementary foods to all infants between the ages of four and six months is more effective in preventing food allergy compared to introducing allergenic foods to infants after six months of age.

In summary, for infants at no or low risk for food allergy, introducing complementary foods at about six months is still recommended.

Resources:

- CPS Practice Point: <https://www.cps.ca/documents/position/allergenic-solids>
- Infant feeding resources for parents:  
<http://www.simcoemuskokahealth.org/Topics/RaisingChildren/YourGrowingChild/Healthy-Eating/Healthy-Eating---Infant>

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