

Allergy prevention frequently asked questions (FAQs)

The following frequently asked questions (FAQ) and answers about allergy prevention are based on inquiries that have been received by, or forwarded to the Australasian Society of Clinical Immunology and Allergy (ASCIA) since 1999. This document is regularly updated as new questions are received or new information becomes available.

Will altering my diet during pregnancy prevent my child from developing allergic diseases?

Excluding "allergenic foods" (such as peanut, egg, fish, soy, cow's milk) from the pregnant mother's diet has not been shown to reduce the risk of developing allergic diseases and has been associated with impaired weight gain by babies. Restricted diets during pregnancy are not recommended. ASCIA recommends a healthy balanced diet for mothers, rich in fibre, vegetables and fruit, as it provides many health benefits to the mother and infant during pregnancy and breastfeeding.

Will altering my diet while I'm breastfeeding prevent my child from developing allergic diseases?

Studies have failed to show that removing allergenic foods (see above) from a mother's diet while breastfeeding reduces the risk of their child developing allergic disease. Restricted diets during breastfeeding are not recommended. ASCIA recommends a healthy balanced diet for mothers, rich in fibre, vegetables and fruit, as it provides many health benefits to the mother and infant during pregnancy and breastfeeding.

Are there any foods I should avoid feeding my child when solids are introduced?

ASCIA recommends the introduction of complementary "solid" foods from around 6 months, but not before 4 months and preferably whilst breastfeeding. There is some evidence this is protective against the development of allergic disease.

It is important to note that infants differ in the age that they are developmentally ready for complementary "solid" foods. Solid foods should not be introduced before 4 months of age. When your infant is ready, from around 6 months of age, introduce foods according to what the family usually eats, regardless of whether the food is considered to be a common food allergen. Raw egg is not recommended.

Cow's milk or soy milk (or their products, such as cheese and yoghurt) can be used in cooking or with other foods if dairy products/soy are tolerated.

There is good evidence that for infants with severe eczema and/or egg allergy, that regular peanut intake before 12 months of age can reduce the risk of developing peanut allergy. If your child already has an egg allergy or other food allergies or severe eczema, you should discuss how to do this with your doctor.

Some infants will develop food allergies. If there is any allergic reaction to any food, that food should be stopped and you should seek advice from a doctor with experience in food allergy.

In children with confirmed cow's milk and soy allergy, appropriate formula is available on prescription from your doctor. Any dietary restrictions or modifications should be discussed and supervised by your doctor, who may also recommend you see a dietitian.

Is soy milk or goat's milk better at preventing allergies in my child than cow's milk formula?

No. Studies have shown that the use of soy milk or goats milk formula does not prevent the development of allergies in children. Regular cow's, goat's milk (or other mammal derived milks), soy milk, nut and cereal beverages are *not recommended* for infants as the main source of milk before 12 months of age.

If I can't breastfeed, which formula is useful in preventing allergies?

If an infant is not breastfed or is partially breastfed, commercial infant **formula** should be used until 12 months of age.

Based on a recently published review of studies, there is no consistent convincing evidence to support a protective role for partially hydrolysed formulas (usually labelled 'HA' or Hypoallergenic) or extensively hydrolysed formulas for the **prevention** of eczema, food allergy, asthma or allergic rhinitis in infants or children.

Should I avoid pets?

There is no reason to remove pets from the household unless a person is already allergic to them and having symptoms on exposure.

Will dust mite avoidance measures reduce the risk of allergy and asthma developing?

There is no convincing evidence at this time that dust mite avoidance measures have any significant benefit in reducing the risk of allergy or asthma developing, unless a person is already allergic to dust mites.

Will taking fish oils prevent allergy?

Up to 3 serves of oily fish per week may be beneficial, as there is some evidence that omega-3 fatty acids (found in oily fish) during pregnancy and breastfeeding may help prevent eczema in early life.

Are probiotics useful in preventing allergies?

Whilst there is moderate evidence that probiotics during pregnancy and breastfeeding may help prevent eczema in early life, recommendations about probiotic supplements cannot currently be made because the optimal species and dose of probiotics that might have an effect is unclear. More research is required in this area before clear and specific recommendations can be made.

Will immunotherapy (desensitisation) prevent allergy?

Whilst there are some food allergen desensitisation research studies occurring in Australia, food allergen immunotherapy remains in the realm of ongoing research at this time.

Further information:

www.allergy.org.au/patients/allergy-prevention

Patient support organisations:

Allergy & Anaphylaxis Australia www.allergyfacts.org.au

Allergy New Zealand www.allergy.org.nz

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The Australasian Society of Clinical Immunology and Allergy (ASCIA) is the peak professional body of Clinical Immunology and Allergy Specialists in Australia and New Zealand.

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