

Title: The Management of Non-IgE-Mediated Allergies in Human Milk-Fed Infants

Authors: Sarah Kelly Rowe, MS, NDTR¹, Ashley Licata, PhD, RD, CSSD¹, Jessie Hoffman, PhD, RD¹, Raquel Durban, MS, RD², and Hope Lima, PhD, RD, IBCLC¹

¹*Department of Human Nutrition, Winthrop University, Rock Hill, SC;* ²*Carolina Asthma & Allergy Center, Charlotte, NC*

Abstract Body:

Objectives:

Non-IgE (immunoglobulin E)-mediated FA (food allergies) present diagnostic and management challenges despite clinical guidelines. Given that 60% of food protein-induced allergic proctocolitis (FPIAP) cases occur in breast-fed infants, maternal elimination diets are routinely prescribed to manage allergy symptoms.^{1,2} The purpose of the study was to explore the implications of maternal dietary eliminations.

Methods:

A survey-based retrospective, cross-sectional study sought to identify dietary triggers and symptom management techniques practiced by (n=59) lactating mothers of infants with confirmed and suspected cases of non-IgE FA in the United States. Statistical significance was set at $p < 0.05$ and correlations were performed using SPSS statistical software version 29.0.

Results:

Cow's milk followed by soy represented the most common dietary antigens at 96.6% and 22.0% respectively of all those surveyed. Of these, 88% reported maternal elimination of cow's milk and 35.6% reported elimination of milk and soy. Only 14.3% of respondents received a referral to a dietitian. Among infants with confirmed or suspected non-IgE FA (n=59), 72.9% (n=43) continued breastfeeding during maternal elimination, 13.5% (n=8) transitioned to a hypoallergenic formula, and the other 5.1% (n=3) were fed a combination of breast milk and formula. The predominant symptoms reported were abdominal pain (66.1%), feeding difficulties (59.3%), and colic (50.8%).

Conclusion:

Based on the number of lactating mothers eliminating food dietary food groups, there are nutritional concerns for mothers and infants experiencing non-IgE FA.¹ Dietitians can play a crucial role in supporting the breastfeeding mother through dietary eliminations for the management of non-IgE FA in their infant.