

# Staff Training Module: Food Allergies

Last Reviewed: June 2006

Reviewed by Nancy Showen, M.D.

From [www.parentcenter.babycenter.com](http://www.parentcenter.babycenter.com)

---

## **Highlights**

*Could my preschooler have a food allergy*

*What will happen if my child has an allergic reaction to a food?*

*What foods might my child be allergic to?*

*What should I do if I think my preschooler is having an allergic reaction to a food?*

*Are allergies inherited?*

*Will my preschooler outgrow her food allergy?*

*What's a food intolerance and how is it different from a food allergy?*

*What should I do if I think my child might have a food allergy?*

*Can food allergies be treated?*

## *Food Allergies and Babies*

*Is there anything I can do to prevent my baby from developing a food allergy?*

### **Could my preschooler have a food allergy**

It's unlikely, but possible. Although many parents suspect their child is allergic to certain foods, only about 6 percent of young children and 3 to 4 percent of adults in the United States have a food allergy.

By understanding how allergies work, you may be able to recognize the early signs, just in case. It's also important to know what to do if your preschooler ever has an allergic reaction.

### **What will happen if my child has an allergic reaction to a food?**

If your child is allergic to a food, her body will treat the food as if it's an invader and make antibodies called IgE. If the food is eaten again, the antibodies will tell her immune system to release a substance called histamine to fight off the attack.

Symptoms usually show up within minutes to two hours following the ingestion of a specific food protein, although in some special cases of gastrointestinal food allergies the symptoms are chronic, or ongoing. The reaction could be mild or severe.

In many children, an allergic reaction to a food causes chronic eczema. These dry, scaly patches of skin usually show up on the face, kneecaps, and elbows.

Other possible symptoms include hives or swelling, watery eyes and a runny nose, and trouble breathing. Sometimes the symptoms are gastrointestinal — your child may have vomiting or diarrhea. If your preschooler has a severe allergic reaction, it can be life threatening.

Remember that your preschooler can have a reaction to a food even if she's eaten it before without any problem. So if your child inherited the tendency to be allergic to eggs, she might not have a reaction the first few times she eats them — but eventually she'll show symptoms. (Keep in mind that early exposures to the ingredient may be in a not very obvious form, like the ground nuts in a cookie.)

### **What foods might my child be allergic to?**

She could be allergic to anything, but these eight foods are responsible for 90 percent of all food allergies: eggs, milk, peanuts, wheat, soy, tree nuts (like walnuts, Brazil nuts, and cashews), fish (like tuna, salmon, and cod), and shellfish (like lobster, shrimp, and crab).

### **What should I do if I think my preschooler is having an allergic reaction to a food?**

If your child ever seems to be having trouble breathing, has swelling of the face or lips, or develops severe vomiting or diarrhea after eating, call 911 or your local emergency number right away.

Severe allergic reactions are nothing to fool around with. Your child's airway can close up within minutes, so don't try to call the doctor or drive her to the emergency room. You need paramedics on the scene as soon as possible.

If your child consistently has symptoms within two hours of eating a particular food, talk with her doctor. He may refer you to a pediatric allergist for testing. The allergist should be able to tell you which food or foods are causing the problem and whether the symptoms are part of an immune reaction (indicating an allergy) or a sign that she's unable to digest the food (indicating a food intolerance).

Once your child has had an allergic reaction to a food, you'll want to be prepared in case it happens again. Even if the first reaction was mild, the next might be severe. Your child's doctor can provide you with an action plan, including instructions on how to manage an allergic reaction.

The doctor may recommend that you carry an epinephrine auto-injector (such as an EpiPen or Twinject), which he can prescribe and show you how to use it in case of a reaction. These devices look like magic markers and automatically administer the right dose of epinephrine to stop an allergic reaction.

### **Are allergies inherited?**

Your child may inherit the tendency to have allergies, but not necessarily a specific allergy. For example, if you have hay fever, pet allergies, or a food allergy, your child has a 50 percent chance of having some sort of allergy as well, although maybe not the same ones you have. That probability jumps to 75 percent when both parents have allergies.

**Will my preschooler outgrow her food allergy?**

She might. About 85 percent of children outgrow allergies to milk, egg, soy, and wheat by the time they head to school. Allergies to peanuts, tree nuts, fish, and shellfish are more likely to be lifelong. Even so, about 20 percent of children under the age of 2 who have peanut allergies will lose the allergy by school age.

**What's a food intolerance and how is it different from a food allergy?**

Adverse reactions to foods are reported by approximately 20 percent of the U.S. population. However, most of these reactions aren't allergic in nature. The most common type of adverse food reaction is a food intolerance.

A food intolerance doesn't involve the immune system. If your preschooler has a food intolerance, it means she has trouble digesting a particular food. You may notice that every time she eats or drinks that food she's plagued with digestive symptoms such as gas, bloating, or diarrhea.

The most common food intolerance is lactose intolerance. People who are lactose intolerant lack the enzyme necessary to digest the natural sugar in cow's milk and other dairy products.

**What should I do if I think my child might have a food allergy?**

Talk with her doctor. He might suggest a food diary to help identify the cause, or refer you to an allergist or pediatric gastroenterologist.

An allergist will ask detailed questions about your child's symptoms. He may then do an allergy skin test or a blood test to determine whether the symptoms are due to an immune reaction.

If the skin test produces a raised hive or the blood test shows that your child has IgE antibodies to the food, there's a chance she's allergic to that specific food. If the tests are negative, your child's symptoms are unlikely to be due to a food allergy, although they may be caused by a food intolerance.

At that point, you may be referred to a gastroenterologist to pinpoint the cause of the intolerance or to investigate other explanations for your child's symptoms.

**Can food allergies be treated?**

There are no medications that cure or prevent allergic reactions to foods, and the allergy shots used for hay fever don't work for food allergies. The key to preventing an allergic reaction is strict avoidance of the food.

Avoiding a particular food is often trickier than it sounds. Foods can show up in unlikely places and even a little bit of something may be enough to trigger a severe reaction. (Most people who have a severe reaction had eaten a food they thought was safe.) You'll have to become vigilant about reading food labels, knowing which ingredients to avoid, and asking about ingredients in restaurant dishes.

A new labeling law in the United States — the Food Allergen Labeling and Consumer Protection Act (FALCPA) — is proving helpful. The law, which went into effect on January 1, 2006, requires food manufacturers to list any of the top eight food allergens contained in the product on the label in plain language (for example, "egg" instead of "albumin" or "egg" in parenthesis after "albumin").

Websites for such organizations as the Food Allergy Network can also help you identify and steer clear of hidden dangers. Always call the manufacturer if you're unsure about a product's ingredients.

If your child has been diagnosed with a food allergy, you'll want to learn all you can about it — including exactly which foods to avoid, how to read labels, and how to recognize the early signs of an allergic reaction. Work with your child's doctor to establish an action plan in case your child does have a reaction. Keep epinephrine on hand and be sure you know how to use it.

Also make sure anyone responsible for taking care of your preschooler — babysitters, relatives, daycare and preschool workers — knows about her allergy and what not to give her to eat. And make sure her caregivers know exactly what to do if she ever has an allergic reaction.

### **Food Allergies and Babies**

If you're nursing a baby with a food allergy, you may need to give up the offending food yourself, since the proteins that cause the allergy may be passed on in your breast milk.

If you're formula feeding a baby who seems to be allergic to cow's milk, you may need switch to another formula. Some babies who are allergic to cow's milk are also allergic to soy, though, so it's important to discuss the situation with your child's doctor before making any kind of change.

If your baby has been diagnosed with a food allergy, you'll want to learn all you can about it — including exactly which foods to avoid, how to read labels, and how to recognize the early signs of an allergic reaction.

### **Is there anything I can do to prevent my baby from developing a food allergy?**

This is the million-dollar question. In the past, the American Academy of Pediatrics suggested delaying the introduction of certain foods in children who seem likely to have allergies (because their parents have allergies). But practices in other cultures — and recent research — suggest that might not be the best course of action.

At this point, you can find conflicting evidence about whether postponing — or accelerating — a child's exposure to potential allergens (foods, pet dander, pollen) will prevent or delay allergies. If you think the odds are good that your baby has a food allergy, talk with her doctor about the best strategy.

One thing most experts do agree on, though, is that breastfeeding offers some protection against allergies. Consider breastfeeding your baby as long as you can, especially if you have a family history of allergies.

Another thing you can do is introduce your baby to new foods slowly. Feed her one new food at a time with several days between the introductions of new items. That way you'll be able to tell which food she's reacting to if she does have an allergic reaction.