

Appendix 1. Frequency and volumes of feed, for breast-fed and bottle-fed babies

The Royal College of Nursing (RCN) recommends that healthy infants are fed on demand, and offered adequate food to satisfy their hunger.¹⁵

Breast-feeding

Demand feeding is essential for successful breast-feeding as it ensures an adequate milk supply and a satisfied baby. The frequency of feeds depends on the baby. The following is only a guide.

<24 hours old. Infrequent feeds, commonly as few as 3/24 hours.

<7 days old. Rapidly increasing frequency commonly peaking on Day 5. May be as many as 12 or more feeds/day.¹⁷

>7 days old. Most babies feed 8 or more times in 24 hours. 'Cluster' feeding is common.

Bottle-feeding

Suggested intake per day:

Up to 2 weeks	7–8 feeds per day, 60-70ml per feed
2 weeks - 2 months	6-7 feeds per day, 75-105ml per feed
2-3 months	5-6 feeds per day, 105-180ml per feed
3-5 months	5 feeds per day, 180-210ml per feed
About 6 months	4 feeds per day, 210-240 per feed
7-9 months	Milk about 600ml per day
10-12 months	Milk about 400ml per day
1-2 years	About 400ml per day of whole cow's milk, or other suitable milk drink.

Appendix 2. Symptoms and signs of IgE and non-IgE mediated cow's milk allergy¹⁶

IgE mediated

Skin

Pruritus
Erythema
Acute urticaria—localised or generalised
Acute angioedema—most commonly lips, face, and around eyes

Gastrointestinal system

Angioedema of the lips, tongue, palate
Oral pruritus
Nausea
Colicky abdominal pain
Vomiting
Diarrhoea

Non-IgE mediated

Pruritus
Erythema
Atopic eczema

Gastro-oesophageal reflux disease
Loose or frequent stools
Blood or mucus in stools
Abdominal pain
Infantile colic
Food refusal or aversion
Constipation
Perianal redness
Pallor or tiredness
Faltering growth in conjunction with at least one of above gastrointestinal symptoms (with or without atopic eczema)

Respiratory system (usually in combination with one or more of above symptoms and signs)

Upper respiratory tract symptoms (nasal itching, sneezing, rhinorrhoea, stridor, or congestion +/- conjunctivitis)
Lower respiratory tract symptoms (cough, chest tightness, wheezing, or shortness of breath)

Lower respiratory tract symptoms (cough, chest tightness, wheezing, or shortness of breath)

Other

Signs or symptoms of anaphylaxis or other systemic allergic reactions

[Expert reviewer's comment: Decisions about who should review and follow up a young infant with CMA, or other food allergies, would obviously depend on local guidelines and expertise.

The NICE guideline on Food Allergy in Childhood is aimed at management in community and Primary Care, and recommends skin prick testing at intervals for food allergy reassessment, and decisions about timing of food challenges in some cases:

<http://www.cyans.org.uk/>

<http://www.nice.org.uk/nicemedia/live/13348/53217/53217.pdf>

Also, there is an MCN for children and young people with allergies in Scotland, open to all affected individuals and health professionals:

The symptoms of CMA can overlap with GORD (and to a lesser extent, colic). It is impossible to make a definitive comparison of all 3 conditions, and how they could present in every patient, but the table below is an attempt to do this, recommended by pilot groups who studied this module.

Comparison of colic, GORD and CMA – clinical assessment

	Colic	GORD	CMA
Pain	Yes, cardinal symptom	Yes, after feeds, can mimic colic	Yes, and all symptoms (incl. skin signs) are linked to time of feeds
Vomiting	No	Yes, often	Yes, can mimic GORD
Diarrhoea	No	Rare	Yes, also can be constipated
Weight Loss	No	Possible	Possible
Skin signs (+/- FHx of atopy)	No	No	Yes
Response to withdrawal of cows milk	Very little evidence (see info point 6)	Possible	Diagnostic, but a repeat challenge with cows milk needed to confirm diagnosis
Respiratory signs	No	Possible	Usually more than one system is affected – GI, skin and/or respiratory