

Reintroduction of milk into your child's diet (milk ladder)



Many children with milk allergy will outgrow their allergy by the time they are 3 to 5 years old. Most children who have symptoms such as colic, reflux, eczema and diarrhoea ('non-IgE allergy') as a baby or young child will start to outgrow early in life, from about 9-12 months of age.

Your doctor or dietitian will advise **when** it is safe to try to reintroduce milk into your child's diet. For most children it is best to do this at home, a few children with very severe reactions or who suffer from bad asthma may need a formal milk challenge in hospital.

As children outgrow their milk allergy, they begin to tolerate foods containing highly cooked milk (e.g. biscuits), followed by less cooked milk or milk products, then yoghurt or cheese and then finally plain milk. The quantity of milk that is tolerated often gradually increases and can vary significantly and some will struggle to tolerate large quantities. Those who are cow's milk allergic usually also react to goat or sheep milk, but some people will be able to tolerate larger quantities of goat or sheep cheese, yoghurt etc. compared to the cow's milk equivalent.

Although most children will outgrow their allergy there is still a small possibility that your child will find they react to some milk-containing food. To try to keep any reactions as mild as possible please follow this guidance.

When to try reintroducing milk:

- Retry milk when your child is otherwise well and ideally early in the day
- Have some antihistamine available (e.g. Cetirizine or Piriton®). (This can be bought over the counter for age 1+ or obtained via your child's GP)
- Try new food steps when you are at home and ideally when you are not alone
- Do not retry milk for the first time when you are very busy, have an important appointment to go to, or without advice from your clinician.

Which foods to try:

We have divided milk-containing foods into 5 groups, in approximate order of how well tolerated they are (see following page - this is sometimes called a '**Milk Ladder**'). There are other alternative milk ladders in use at other hospitals and on the internet. We have found that some of these often have larger quantities of milk to try which does not suit all children.

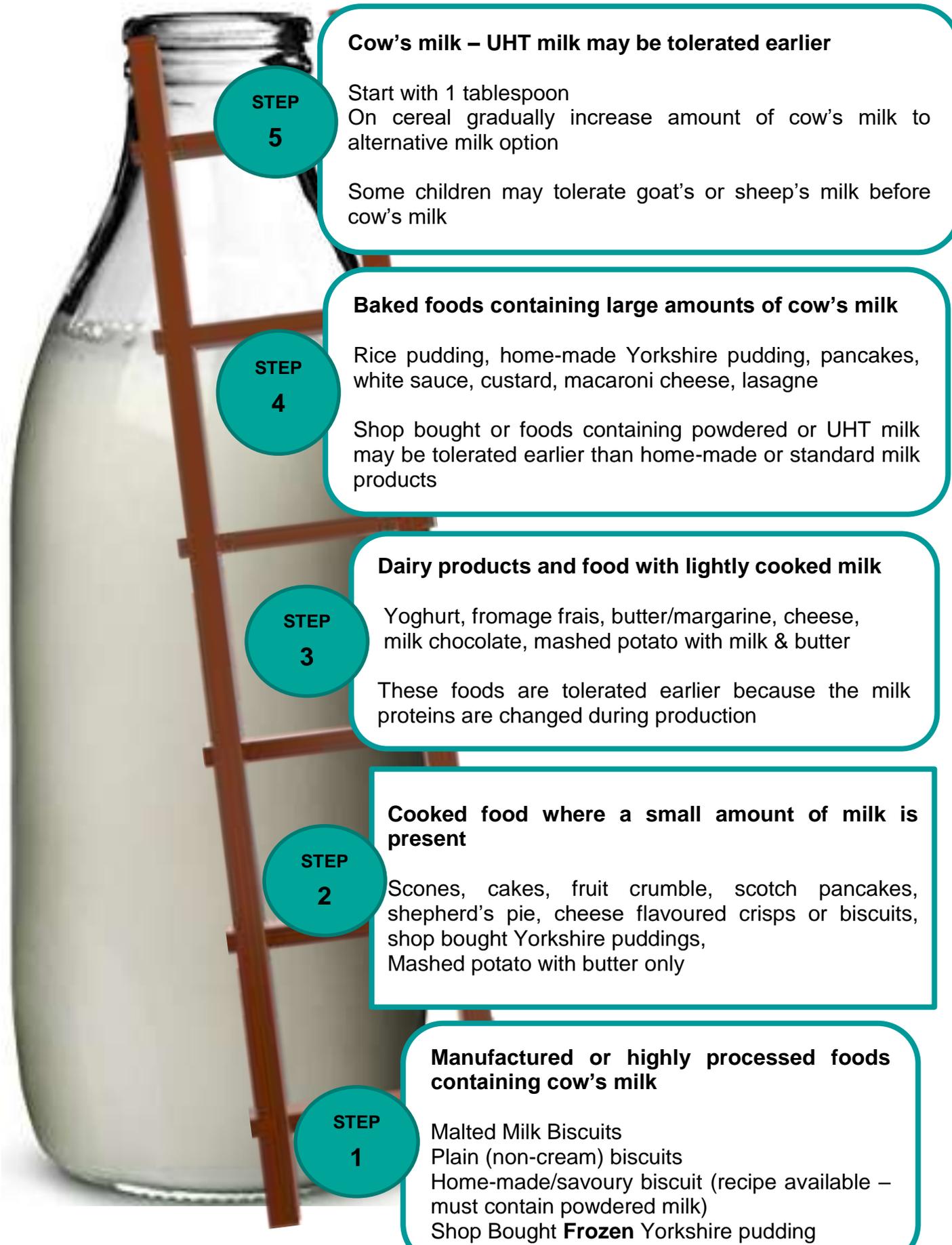
If your child has other allergies (e.g. egg) remember to check the food is suitable

How to use the 'Milk Ladder'

- Start with step 1 – manufactured or highly processed foods containing cow's milk. If your child is already tolerating some milk-containing foods try other foods from step 1 in normal portions and then start with the step 2.
- Try a very small amount of the food first (a pea sized bit of biscuit, half teaspoon of soft food) and wait for 15-30 minutes before giving your child a slightly larger amount.
- Only try a small amount on the first day, then a larger quantity the next day. Then you can gradually increase to a normal portion over the next few days.
- Once your child has tolerated a small portion of food then they can try other foods from the **same** step, and can introduce quicker.
- After about 2-3 months move onto the next step. Try a very small amount of food from the new step and gradually increase as before.
- **If symptoms occur – move back to the previous step** and continue to give the tolerated food for another 2-3 months before repeating this step.
- Step 4 is cooked foods where milk is the major ingredient. Some children will tolerate these foods before tolerating cheese or yoghurt, so you may wish to try these even if there have been minor reactions to step 3 foods – but do not try if reactions have been more severe to any other steps.
- Wait at least 3 months continuing with step 3 & 4 foods with no allergic reactions before trying step 5 which is plain uncooked milk – starting with very small quantities.
- **Some children who have only had symptoms of colic, reflux or diarrhoea may be able to progress through the milk ladder much more quickly.**

Milk allergy support can be found by scrolling to the bottom of the Allergy UK webpage; <https://www.allergyuk.org/wp-content/uploads/2022/02/Cows-Milk-Allergy-Roadmap-for-Parents.pdf>

Please start at the bottom of the ladder and work your way up



STEP
5

Cow's milk – UHT milk may be tolerated earlier

Start with 1 tablespoon
On cereal gradually increase amount of cow's milk to alternative milk option

Some children may tolerate goat's or sheep's milk before cow's milk

STEP
4

Baked foods containing large amounts of cow's milk

Rice pudding, home-made Yorkshire pudding, pancakes, white sauce, custard, macaroni cheese, lasagne

Shop bought or foods containing powdered or UHT milk may be tolerated earlier than home-made or standard milk products

STEP
3

Dairy products and food with lightly cooked milk

Yoghurt, fromage frais, butter/margarine, cheese, milk chocolate, mashed potato with milk & butter

These foods are tolerated earlier because the milk proteins are changed during production

STEP
2

Cooked food where a small amount of milk is present

Scones, cakes, fruit crumble, scotch pancakes, shepherd's pie, cheese flavoured crisps or biscuits, shop bought Yorkshire puddings, Mashed potato with butter only

STEP
1

Manufactured or highly processed foods containing cow's milk

Malted Milk Biscuits
Plain (non-cream) biscuits
Home-made/savoury biscuit (recipe available – must contain powdered milk)
Shop Bought **Frozen** Yorkshire pudding

Lactose intolerance

These guidelines are for children who have a resolving cow's milk protein allergy. Rarely, a child may have temporary lactose intolerance following a tummy bug, but this is otherwise uncommon in European children. Lactose intolerance symptoms are likely to be excess wind, abdominal pain or diarrhoea, rather than rashes, wheeze or swelling. There is a separate RUH information sheet about lactose intolerance.

What to do if your child has an allergic reaction:

If your child has an allergic reaction, try and keep as calm as you can. In the first instance, giving them the age appropriate dose of the antihistamine should help them if the symptoms are mild. You should then seek medical advice from your GP, NHS 111, Out of Hours service or Minor Injuries Unit if symptoms do not improve or worsen.

Should the symptoms involve breathing difficulties or a loss of consciousness, call 999 and tell the ambulance service that your child has had an allergic reaction and describe the child's symptoms.

Mild Symptoms	More Serious Symptoms
<ul style="list-style-type: none"> • Itchy 'nettle type' rash (Hives) • Tingly itchy feeling in the mouth • Feeling sick / nauseous or upset tummy • Eczema flares 	<ul style="list-style-type: none"> • Swelling around the face/mouth or throat • Difficulty swallowing or speaking • Sudden severe asthma/breathing difficulties • Severe abdominal pain, sudden vomiting • Feeling faint or losing consciousness

These are general guidelines and sometimes will be altered by your allergy nurse, dietitian or doctor dependent on the clinical situation. Please contact them if you have concerns, including your child's full name and date of birth:

ruh-tr.childrensallergyclinic@nhs.net or ruh-tr.RUHdietetics@nhs.net

Further allergy support can be found on the following websites:

<https://www.allergyuk.org/>

<https://www.asthma.org.uk/>

<https://www.anaphylaxis.org.uk/>

<https://www.vegansociety.com/>

www.eczema.org/

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format or would like to feedback your experience of the hospital. Email: ruh-tr.pals@nhs.net or telephone: 01225 825656.