Infant Feeding Problem (under 1 year of age): Primary Care Guideline





Suspect Cows Milk Allergy

No red flag symptoms.

Usually several symptoms present 1

Diarrhoea/abnormally loose stool +/- more frequent stools, mucus or blood in stools. constipation/excess straining with soft stool.

Vomiting, persistent irritability, abdominal discomfort, painful flatus, feed refusal or aversion.

Moderate persistent atopic dermatitis, pruritis, erythema, skin rashes, urticaria.

Breast feeding: advise to continue.

Formula feeding: continue. Do not advise or prescribe alternative formula.

Refer to Dietitian via dietetic referral form.

Email to: rgh-tr.dietetics.dept@nhs.net

Dietitian will follow Milk Allergy in Primary Care Guidelines and will directly refer to secondary care for those infants suspected as having an IgE mediated cow's milk allergy or severe and persistent non IgE mediated allergy symptoms.

Dietitian will organise allergy blood tests when required.

Dietitian will organise suitable specialised infant formula if required.

Suspect GORD

No red flag symptoms.

Regurgitation plus 1 or more symptoms of distress/feeding difficulties/faltering growth³

As per GORD guidelines DO NOT commence Gaviscon Infant as first line treatment. 2,3

Offer first line advice as below and refer to dietitian:

Breast feeding - advise breast feeding assessment (0-19 service). Advise parent to contact health visitor/single point of access 0-19 team on 01709 423333.

Formula feeding - amend feed volumes if over feeding.

(0-6 months of age require 150ml/kg/day).

Refer to Dietitian via dietetic referral form.

Email to: rgh-tr.dietetics.dept@nhs.net

Dietitian will advise as per Rotherham Primary Care Management of GOR and GORD in Children Guidelines.

Dietitian will refer back to GP if dietary advice has not improved symptoms/if medical management is required.

Regurgitation of feeds (in isolation) in happy, thriving infant.

OR

Colic (as only symptom in infant under 4 months). May have colic if infant cries more than 3 hours a day, more than 3 days a week for at least 1 week.

DO NOT commence Gaviscon Infant³

DO NOT recommend Simeticone, e.g. Infacol or lactase drops, e.g.Colief4

Provide Reassurance—provide NHS information www.nhs.uk/conditions/colic or Regurgitation information sheet (see Top Tips).

If Breast feeding- advise to continue.

Advise health visitor/0-19 service for further support/ reassurance. 0-19 single point of access = 01709 423333.

Refer to Dietitian if above symptoms are persistent/ has other symptoms to suggest possible cow's milk allergy.

Refer via dietetic referral form and email to: rgh-tr.dietetics.dept@nhs.net

Dietitian will assess for possible cow's milk allergy. If negative will provide reassurance e.g. weight check, feeding history & refer on to relevant service.

References:

- 1: Milk Allergy in Primary Care (MAP) Guideline, 2019
- 2: NICE: GORD in children and young people: diagnosis and management, January 2015
- 3: Rotherham Primary Care Management of GOR and GORD in children, 2015
- 4 NICE CKS: Colic-infantile, Last revised June 2017

RED FLAG SYMPTOMS^{1,2,4}

(Investigate/refer urgently to Paediatrician, Rotherham General Hospital)

Frequent, forceful (projectile) vomiting.

Bile-stained (green or yellow-green) vomit.

Abdominal distension, tenderness or palpable mass.

Blood in vomit (not caused by swallowed blood from a nosebleed or indested from a cracked maternal nipple).

Bulging fontanelle.

Altered responsiveness (for example lethargy or irritability).

Rapidly increasing head circumference (more than 1cm each week): persistent morning headache and vomiting worse in the morning.

Blood in the stool.

Dysuria.

Appearing unwell or fever.

Onset of regurgitation and / or vomiting after 6 months of age.

Corneal abrasion.

Scrotal pain and swelling.

Accidental trauma or child maltreatment.

Apnoea episodes.

Cyanosis.

Respiratory distress.

Anaphylaxis.