

Food Allergies in Infants, Toddlers and Young Children

Food allergies in infants, toddlers and young children can be difficult to pinpoint and extremely frustrating to all involved. As a mother who dealt with three infants who had food allergies, I know from personal experience the hardship, heartache, and worry food allergies can cause. I would classify my three children in birth order as being low/mild, high, and severe in their food allergies. It was a struggle for me because I did not have any experience with nursing a baby, and no experience with the symptoms of food allergies in babies. I learned from each one of my children with the help of other mothers, the La Leche League, and by doing medical research on the subject.

My first son had a diaper rash that would not go away until I changed my diet. I had no idea as a first time mom that what I ate could impact my baby. The minute I took dairy, onions, garlic and tomatoes out of my diet I saw a dramatic improvement in his evening crying and the diaper rash disappeared. He would later get diarrhea from milk-based formulas when I tried to wean him from breast milk. My second son was much more dramatic. He screamed for hours on end (six hours was the worst of it) if I ate a meal that was high in wheat or gluten and dairy or soy. These were all foods that he would later be reactive to when he was weaned and eating table foods. He would also have either diarrhea or become constipated, and on a few occasions he had a tiny amount of blood in his stool from foods that were bothersome during the time he was breastfed.

My daughter proved to be even more challenging with her food issues as a nursing baby. But by the time we had my daughter, I was at least wise to the idea that if you tried to manage your diet you could at least figure out what bothered your baby. It was an amazing adventure. If you are nursing, use an elimination diet to restrict your foods so you can detect which foods may be offending your baby. Then, add the foods back in one at a time eating a fairly large quantity when you re-introduce them into your diet. Over time, you will be able to pinpoint problem foods.

It is my personal experience that many food allergy babies are misdiagnosed with acid reflux or GERD (Gastro Esophageal Reflux Disease). Some of the symptoms of food allergies and acid reflux or GERD are the same, so it is easy to understand why this might be the case. In the hundreds of people that I have interviewed over the past ten years, many parents encountered the problem of their child's food allergies being misdiagnosed or not diagnosed at all. The parents of a baby with "colic" are worn out and exhausted and find no relief until friends, family members or a co-worker miraculously suggest changing to a new formula or changing the mother's diet. Poof! Overnight their baby's colic disappears with a more suitable formula.

Overall, there is a lack of recognition of the symptoms of food allergies in infants in the medical community. Symptoms of food allergies in infants are varied and can include, but are not limited to:^{1,2,3,4}

- Colic (sharp intestinal pains and gas)
- Vomiting – mild, severe or projectile
- Diarrhea
- Runny nose
- Wheezy bronchitis or wheezing
- Eczema
- Watery or runny eyes
- Headache
- Hives
- Rashes on the face and upper body
- Watery stools that can be green, mucousy, or bloody
- Redness around the anus
- Stuffy nose
- Diaper rash
- Uneasy or poor sleeping
- Irritable or unhappy – restless or needs a lot of attention
- Repeated ear infections
- Constipation
- Excessive drooling
- Screaming or prolonged crying
- Extreme perspiration
- Anaphylactic shock

Symptoms for GERD can include: spitting up or vomiting, nausea, heartburn, coughing, laryngitis, respiratory problems like wheezing, asthma, or pneumonia, arching of the back, irritability, refusal to feed, and poor growth⁵. With my second son, I did not know that food allergies in an infant

¹ Marvin S. Eigler, M.D. and Sally Wendkos Olds, The Complete Book of Breastfeeding, Rev. ed. (New York: Bantam Books, 1972, 1987), p. 88.

² Arlene Eisenberg, Heidi E. Murkoff and Sandee E. Hathaway, B.S.N., What To Expect The First Year, (New York: Workman Publishing Company, 1989, 1996), p. 232.

³ Kathleen Huggins, R.N., M.S., The Nursing Mother's Companion, Fourth ed., (Boston, MA: The Harvard Common Press, 1999), p.

⁴ Doris Rapp, M.D., Is This Your Child?, (New York: Quill/William Morrow, 1991), p. 103.

⁵ National Digestive Diseases Information Clearing House (NDDIC) website: A service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institute of Health (NIH): <http://digestive.niddk.nih.gov/ddiseases/pubs/gerd/>

and acid reflux/GERD had similar if not the same symptoms. So when my pediatrician recommended an over-the-counter antacid product, Zantac, we used it. But when my pediatrician recommended Propulcid®, a prescription medication, for our son, we did not use it. My girlfriend who just happens to be a Registered Pharmacist (R.Ph.) used her position to obtain medical documentation from the pharmaceutical manufacturer. Propulcid® was known to cause cardiac arrest according to the manufacturer's data she received. Propulcid® was eventually removed from the U.S. market by the FDA (Federal Drug Administration) because of the number of deaths that it caused.

So what can parents do? If you are using a commercially made formula, you can discuss with your pediatrician changing formulas. There are some infants who do not tolerate commercially made formulas due to their food allergies. If you had an infant who was allergic to milk (and the milk components casein and whey), soy, corn, coconut oil, sunflower oil and safflower oil, then you would effectively eliminate nearly every formula including the hypoallergenic ones. This makes a strong case for breastfeeding infants. If you are breastfeeding a baby who has food allergies, you have other options.

Before I leave the subject of infant formulas, I must mention the controversy about soy infant formulas and soy as a food source. Soy as a food source did not enter the American diet until after the 1920's because it was considered to be an industrial product, not a food. Soy has been used on farms to clean up the soil because it will uptake from the ground unwanted particles, which end up in the soy plant. There are organizations and individuals who have evidence to support the negative impact of soy on infants and humans. To be more educated, visit the Internet and plug "soy controversy" in your search engine. That will give you both sides of this issue.

If you are breastfeeding your baby you can experiment with your diet to bring relief to yourself and your baby. One of the largest organizations that provides on-going critical support to breast-feeding mothers is the La Leche League International (www.lalecheleague.org). Founded in 1956, this organization has local support groups, on-line resources and a great deal of support to offer nursing moms. In terms of books, Kathleen Huggins' book [The Nursing Mother's Companion](#) is one of my favorite nursing books because Ms. Huggins digs in and provides excellent advice about how to alter your diet to reduce the symptoms in your baby. Additionally, many areas have nursing stores where you can get lactation help either free or for a fee. My personal experience with three food allergy babies is that babies are unique

in how food affects them. It would be so much easier for all of us if babies reacted the same!

Symptoms for food allergies in toddlers and children takes the previously mentioned list *and adds a few more*:

- Emotional meltdowns (could also be caused by disciplinary issues)
- Inattention
- Bedwetting or bladder/bowel problems
- Nightmares
- Hyperactivity
- Allergy shiners (dark or red circles under the eyes)
- Bright cheeks or flushed look
- Redness around the ears

- Aggression or meanness
- Bad breath or “chemical smelling breath”
- Unhappy disposition
- Whiny or clingy disposition
- Tiredness
- Limiting foods (only eating a few select food items)
- Food cravings
- Stomach aches

If you suspect that your toddler or young child has food allergies, there are a number of things that you can do. If your child experiences any immediate reactions to foods, see your pediatrician or physician right away as your child could have a potentially life-threatening allergy. The life-threatening food allergies, also known as IgE allergies, can strike at any time and without warning or history. The condition of having an extreme allergic reaction is called anaphylaxis. Because anaphylaxis can cause death in minutes, prompt action is required. Frequently the symptoms for a life-threatening food allergy (anaphylaxis) are hives or itchy skin, a tightening or closing of the throat, swelling of the lips, tongue or throat, headache, nausea, vomiting, abdominal cramps, wheezing, coughing, hoarseness, shortness of breath, a sense of impending doom, or a loss of consciousness⁶. These symptoms may appear within a few seconds or up to 2 hours after eating a food or being exposed to a food.

⁶ “Anaphylaxis Extreme Allergic Emergency”, a brochure available at physician and allergist offices: DEY Manufactured for DEY, Napa, California, 94558, USA by Meridian Medical Technologies, Inc. Columbia, MD 21046, USA. #03-500-01 (BRS) March 2003, page3. www.epipen.com.

If your child or anyone has the above listed symptoms of immediate food allergies or anaphylaxis, I would recommend that you not only see your pediatrician or doctor, but that you request a prescription for an EpiPen 2-Pak®. Get the prescription filled and carry the EpiPen® with you at all times. Food allergies can be fatal. This is not something to take lightly. If you are not sure if you are dealing with anaphylaxis, please seek medical help from your physician. Doctors can help you better determine if the situation you are concerned about is anaphylaxis or something less serious.

Should your infant or child have a food allergy that could result in anaphylaxis, this calls for rigor and vigilance on your part as the parent. You absolutely cannot depend on other people to remember your child's food allergies. As an adult who has lived an entire lifetime being anaphylactically allergic to tree nuts, I can say with authority and certainly that other people will not be as dependable as you need them to be. It is not that the people in your life are bad, or irresponsible, it is simply a matter that is easily overlooked.

I have personally ordered menu items in a restaurant and made myself very clear about my allergy to tree nuts, and I have *still* been served meals that contained nuts! So in the area of anaphylaxis and children, you as parents need to take control and not assume that other relatives, school personnel, or other school parents will remember or comply with your child's food allergies.

On the other hand, if you are not dealing with an immediate or anaphylactic food reaction, you may find it difficult to pinpoint what food is causing a symptom. Ah, I wish I could give you a magic pill to make this detective work easier. Keeping a food log of what your child eats, the quantity of the food, time of day and the environment that the food is consumed in is one place to start. I know it is a pain in the neck. I know it is bothersome. With that said, however, many parents have been able to pinpoint foods that are problematic. And some parents have done that in a very short time.

My second child had the sweetest temperament and disposition in the world. *Unless* you gave him a touch of gluten or dairy in which case he became a totally different child. At the time that I was struggling to understand how food could impact an infant and then later a toddler so much, I would have no idea that physicians from over 2,000 years ago knew that there was a link between food and behavior, and food and illness. Since we are specifically considering the impact of food allergies on children, one physician worth noting is Dr. Ben F. Feingold.

In the mid-1960's, using an allergy diet designed by Dr. Lockey of the Mayo Clinic, Dr. Feingold began studying the impact of foods and food additives on behavior and learning abilities.⁷ The Feingold Organization is alive and well today and has many resources available to help parents struggling with behavioral problems, learning problems, and other diagnoses. More information is available on their website at: www.feingold.org.

An elimination diet is another way to try to narrow the focus of which foods are causing what symptoms. An elimination diet is a process by which you remove as many foods as possible until you have a clear baseline, and then gradually, over time add the foods back into your child's diet. This is not an easy process either. Many parents are reluctant to remove gluten, dairy or XYZ food from their children's diet because they think it will be too hard. Some parents think that their child will suffer. It is really quite the reverse. When a child feels better, doesn't wet the bed, can sleep through the night, or improves with some other symptom, it is worth the dietary effort.

I understand that it is difficult for some parents to comprehend that the food that their child is eating could be causing inattention, hyperactivity, or bedwetting for example. I completely understand that. Had I not experienced this myself, I would be in the same boat of disbelief. There are organizations, books, and medical studies to support this point of view.

My two older sons simply cannot tolerate dairy and gluten and a few additives like food coloring and MSG. They have different reactions, but none of the reactions are pleasant or make them happy. Will gluten or dairy send them to the emergency room like it would their younger sister? No. But will they pay for eating any gluten or dairy? Yes. At least we are privy to this significant information. We can choose if we are going to let the boys have foods that bother them, and then all of us will suffer the consequences of bedwetting, inattention, hyperactivity, meltdowns, rashes and bowel problems. With issues like that, we do not make it a habit of allowing gluten or dairy.

In summary, foods can negatively impact newborn infants, toddlers and children. If you look for support and try to figure out what foods are bothering your child, you will most likely be successful. If you have a "high maintenance" child, then you have substantial and serious benefits to gain by altering your child's diet. Looking at foods as a possible source for the previously listed symptoms is non-invasive, inexpensive, safe, and proven. While food elimination is not the easiest route, it can produce the most phenomenal results.

⁷ Feingold website: www.feingold.org ; Dr. Feingold's Biography.