

ASCIA Guideline: Infant Feeding for Food Allergy Prevention.

Australasian Society of Clinical Immunology and Allergy (ASCIA) · 2026

Study Guide: ASCIA Guideline for Infant Feeding and Food Allergy Prevention

This study guide provides a comprehensive overview of the updated clinical practice guidelines developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA). It focuses on the prevention of IgE-mediated food allergies through evidence-based infant feeding practices.

Key Concepts and Clinical Recommendations

1. Timing of Complementary Feeding

The guideline recommends introducing solid foods when an infant shows signs of **developmental readiness**.

- **Optimal Window:** Usually around 6 months of age, but not before 4 months.
- **Rationale:** Introducing solids before 4 months may increase the risk of obesity and infection, while evidence suggests there is no benefit to introducing allergens earlier than 4 months.

2. Introduction of Common Food Allergens

The primary strategy for allergy prevention is the timely and deliberate introduction of allergenic foods once solids have started.

- **Priority Allergens:** Well-cooked egg and appropriate forms of peanut (e.g., smooth peanut butter) should be introduced soon after starting solids.
- **Introduction Method:** Only one new allergen should be introduced at a single meal to ensure any reaction can be accurately attributed to a specific food.
- **Frequency:** Once introduced and tolerated, common allergens should be included in the infant's diet at least **once a week** to maintain tolerance.
- **Family Diet:** Other allergens (cow's milk, wheat, tree nuts, sesame, soy, fish, and shellfish) should be introduced in the first year of life, prioritizing foods the family usually eats.

3. Breastfeeding and Formula Use

- **Maternal Diet:** There is no need for breastfeeding mothers to avoid common food allergens. Restricting the maternal diet does not prevent infant food allergy and may compromise maternal nutrition.
- **Formula Recommendations:** Hydrolysed (partially or extensively), soy-based, or alternative protein formulas (goat, sheep, rice, etc.) are **not recommended** for the prevention of food allergy.
- **Transient Feeding:** In healthy breastfed infants, supplementary feeding with cow's milk formula in the first week of life should be avoided unless medically necessary.

4. Managing Reactions and Skin Contact

- **Perioral Rashes:** Mild redness or contact urticaria around the mouth without other symptoms is often not an allergic reaction. Parents are encouraged to use barrier creams and try the food again.
- **Skin Testing:** Food should never be smeared on the skin to "test" for an allergy. This can cause irritation and may actually increase the risk of allergic sensitisation.

Summary of Recommendations and Evidence

The following table summarizes the 16 core recommendations and the strength of the underlying evidence as defined by the ASCIA Expert Writing Group.

Recommendation Category	Specific Guidance	Evidence Strength / Certainty
Solid Food Timing	Introduce at developmental readiness (approx. 6 months, not <4 months).	Moderate
Allergen Strategy	Introduce one new allergen at a time.	Expert Consensus
Egg Introduction	Include well-cooked egg soon after starting solids.	Moderate (High certainty for risk reduction)
Peanut Introduction	Include age-appropriate peanut soon after starting solids.	Moderate (High certainty for risk reduction)
Other Allergens	Introduce family-diet allergens in the first year of life.	Very Low
Existing Allergy	Continue introducing other allergens even if one allergy is present.	Expert Consensus
Perioral Rashes	Mild rashes may not be allergic; encourage re-trial.	Expert Consensus
Skin Smearing	Do not smear food on skin to test for allergy.	Expert Consensus
Maintenance	Offer introduced allergens at least once a week.	Expert Consensus
Breastfeeding	No maternal dietary modifications required.	Expert Consensus
Infant Formula	Hydrolysed, soy, or alternative protein formulas not recommended.	Very Low
Transient Formula	Avoid cow's milk formula in the first week for breastfed infants.	Very Low

Glossary of Important Terms

- **Common Food Allergens:** In Australia, these include milk, egg, peanut, tree nuts, wheat, soy, sesame, fish, and shellfish.
- **Complementary Feeding:** Also known as the introduction of solid foods; the process of providing foods and liquids alongside breastmilk or formula when those alone no longer meet nutritional needs.
- **Developmental Readiness:** Physical signs an infant is ready for solids, including sitting with support, holding the head steady, showing interest in others eating, and the ability to swallow food rather than spitting it out.

- **Infant:** A child up to 1 year of age.
 - **Responsive Feeding:** A practice where caregivers observe and respond to an infant's feeding cues, offering food without coercion.
 - **Safe Food Practices:** Ensuring food texture is appropriate for the child's age (under 4 years) to prevent choking. This involves avoiding hard foods like whole nuts, raw vegetables, or whole grapes.
 - **Timely Introduction:** The introduction of common allergy-causing foods within the specific timeframes recommended by the guideline to promote tolerance.
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Short-Answer Practice Questions

1. **According to the guideline, what is the earliest age an infant should be introduced to solid foods?**
 2. **Why is it recommended to introduce only one new common food allergen at a time?**
 3. **What forms of peanut are considered "age-appropriate" for infants starting solids?**
 4. **How often should a common food allergen be offered once it has been successfully introduced into the diet?**
 5. **What is the recommendation regarding the use of hydrolysed infant formula for allergy prevention?**
 6. **Identify three signs of "developmental readiness" in an infant.**
 7. **Should a breastfeeding mother avoid peanuts if she wants to prevent her child from developing a peanut allergy?**
 8. **What should a parent do if an infant develops a mild red rash around the mouth only during food consumption?**
 9. **Why is smearing food on an infant's skin discouraged?**
 10. **What specific timing does the evidence suggest for the introduction of egg and peanut to reduce allergy risk?**
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Essay Prompts for Deeper Exploration

1. **Evolution of Guidance:** Discuss how ASCIA infant feeding guidelines have changed since 2005. Focus on the shift from allergen avoidance to "deliberate, timely introduction" and the role of randomized controlled trials (RCTs) in this shift.
2. **The "High Risk" Paradigm:** Evaluate the guideline's approach to "high risk" infants (those with eczema or a family history of allergy). Explain why the recommendations for egg and peanut introduction apply to all infants, regardless of their risk profile.

3. **Practical Barriers to Implementation:** Analyze the "Practical Implications" mentioned in the guidelines regarding the introduction of well-cooked egg. Why is compliance sometimes difficult, and how do the guidelines address the balance between clinical evidence and infant developmental milestones?
4. **The Role of Expert Consensus:** Eight of the sixteen recommendations in the guideline are based on expert consensus rather than high-certainty evidence. Discuss the importance of the Delphi process in clinical practice when systematic reviews provide limited or "very low" certainty data.
5. **Formula and Supplementation:** Critique the recommendation against transient cow's milk formula supplementation in the first week of life for breastfed infants. What does the evidence suggest regarding the risk of cow's milk allergy in this specific window?