

# Once Cow's milk protein allergy is diagnosed how do you treat bottlefed infants?

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## Cow's Milk Protein Allergy Management guidelines – bottlefed infants<sup>3</sup>


### Mild – Moderate Cow's Milk Protein Allergy (90% of cases)

1. Elimination diet using an Extensively Hydrolysed Formula (eHF) such as Cow & Gate Pepti as the first formula of choice
2. Amino Acid Formula (AAF) is only indicated where:
  - Child refuses eHF and accepts AAF
  - Symptoms have not improved on eHF after 2-4 weeks

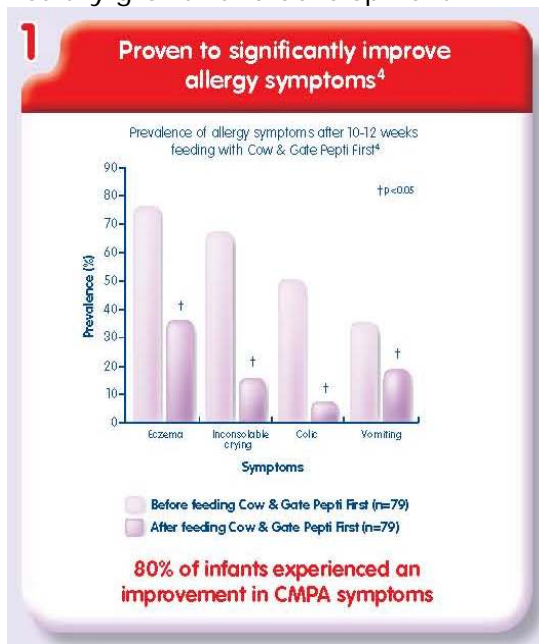
### Severe Cow's Milk Protein Allergy (10% of cases)

Elimination diet using AAF for minimal 2-4 weeks on recommendation of paediatric specialist

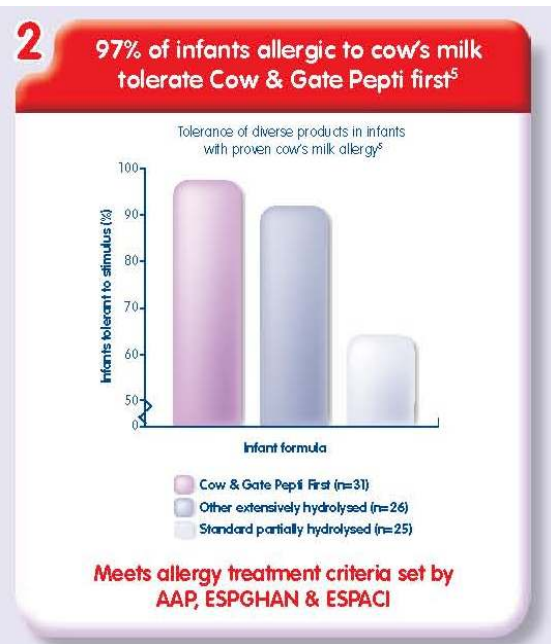
If there is no improvement refer back to paediatric specialist for diagnostic procedures



**Cow&Gate Pepti First Infant Milk** is a nutritionally complete hypoallergenic formula suitable for infants from birth until 6 months. It is specifically designed for the dietary management of cow's milk protein allergy. Cow&Gate Pepti first contains prebiotic oligosaccharides clinically proven to reduce chest infections, ear infections, antibiotic use and eczema<sup>2,3</sup>. Also contains nucleotides and LCPs to help ensure healthy growth and development<sup>4,5</sup>.



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**3** Breastfed babies benefit from Prebiotic Oligosaccharides<sup>6</sup>      Cow & Gate Pepti First babies benefit from Prebiotic Oligosaccharides<sup>6</sup>      Bottled babies not fed a formula with Prebiotic Oligosaccharides<sup>6</sup>

**Bifidobacteria** Prebiotic Oligosaccharides help to support baby's immune system by promoting the growth of good bacteria (i.e. bifidobacteria) in the baby's gut.

**Pathogens** Unfriendly bacteria in the baby's gut.

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### Palatability

Cow&Gate Pepti First is (whey based extensively hydrolysed formula) proven to be more palatable than a casein dominant formula<sup>9</sup>.

Greater acceptance can lead to:

- Increased milk intake
- Better growth (indicators such as weight and height)

### References

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4. Koletzko et al., *Acta Paediatr* 2001 ; 90 : 460-4
5. Yu VYH. *J Pediatr Child Health* 2002; 38(6):543-549
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7. Giampietro PG et al. *Pediatr Allergy Immunol* 2001
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