

Compact Advice

Allergy prevention in the first year of life

Current recommendations on allergy prevention
S3 Guideline on Allergy Prevention¹

Elevated allergy risk

In cases of family history:
at least one parent or sibling has asthma,
hay fever or atopic dermatitis

Yes



No

Exclusive breastfeeding

during the first four to six months*

if not (exclusively) possible

Hydrolysed infant formula

whose allergy-preventive effect
has been scientifically tested;
until solids are introduced



Standard infant formula,

e.g. HiPP PRE
ORGANIC COMBIOTIC®

Not suitable for prevention

soy-based formula and
other animal milks
(e.g. goat's, sheep's or
mare's milk)

Introduction of solids:

There is no evidence for a preventive effect from waiting to introduce solids until the infant is 4 months of age or older. This is why the general recommendations also apply to infants at risk of developing allergies: Depending on the child's individual development, solids should be introduced **between the ages of 4 months at the earliest and 6 months at the latest.**¹⁻³ Breastfeeding should continue even after solids are introduced.¹

Choice of complementary food

No restrictions on the choice of complementary food (taking into account the general dietary recommendations for the first year of life). Avoiding certain allergenic foods or introducing them at a later point does not protect babies from developing allergies.^{1,2}

*The WHO recommends exclusive breastfeeding during the first six months. Breast milk is also an important source of energy and nutrients for children aged 6-23 months.⁴

Further recommendations on allergy prevention



vaccinate infants according to recommendations



avoid a mould-promoting climate



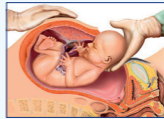
avoid obesity



avoid active and passive exposure to smoke



only for babies at risk of allergies: do not keep any cats in your home



© MediDesign Frank Geisler

keep in mind that a caesarean birth increases the allergy risk



keep exposure to air pollutants to a minimum (indoors and outdoors)

Outlook on future research

There are promising **results** pointing towards possible benefits from using **LCPs, prebiotics, probiotics and vitamin D for allergy prevention**, but they still need to be substantiated by further studies.

hcp.hipp.com

Important information: Breastfeeding is best for babies. Infant formula should only be given upon the advice of paediatricians, midwives or other independent experts.

References: **1** Kopp et al., S3-Leitlinie Allergieprävention – Stand Nov 2022. AWMF online · **2** Koletzko B et al., Ernährung und Bewegung von Säuglingen und stillenden Frauen, Monatsschr Kinderheilkd 2016; [Suppl 5]: 164:433-457 · **3** Fewtrell M et al., Complementary Feeding: A Position Paper by the ESPGHAN Committee on Nutrition, J Ped Gastroenterol Nutr 2017;64: 119-132 · **4** WHO., Fact sheets. Infant and young child feeding. 2021. www.who.int · **5** Halken et al., EAACI guideline: Preventing the development of food allergy in infants and young children (2020 update). Pediatr Allergy Immunol. 2021;32:843-858.



According to the European Academy of Allergology and Clinical Immunology (EAACI), hydrolysed infant formulae are still an option for the nutritional prevention of allergies whenever exclusive breastfeeding is not possible.⁵

Information for healthcare professionals