Allergy prevention during the first year of life.

Current recommendations for preventing allergies\(^1\)

**Allergy risks**
exist when there is a predisposition in the family:
At least one parent or sibling has asthma, hay fever or atopic dermatitis.

**Exclusive breastfeeding for at least the first four months***
In case it is not (exclusively) possible

**Hypoallergenic infant formula**
for the first 4 months of life (e.g. HiPP 1 HA COMBIOTIC\(^{1}\))

**Not suitable for prevention:**
Soya based infant formula and other animal milks (e.g. goat’s, sheep’s or mare’s milk)

**Standard infant formula**
(e.g. HiPP 1 ORGANIC COMBIOTIC\(^{1}\))

**Diet of the mother**
balanced and varied diet during pregnancy/nursing incl. fish

**Beginning complementary feeding:**\(^4,5,6\)
There is no confirmed evidence of a preventive effect by the late introduction of complementary foods after the fourth month of life. Therefore, the general recommendations for the introduction of complementary foods are the same for children at risk and children not at risk of allergies: depending on individual development and, if possible, alongside protective breastfeeding, complementary food should be introduced at the beginning of the 5th month of life at the earliest and latest at the beginning of the 7th month. Partial breastfeeding also contributes to allergy prevention during the introduction of complementary foods.

**Choice of complementary foods:**
No restriction in the choice of complementary foods (in compliance with the general recommendations for nutrition in the first year of life). There is no evidence that delaying the introduction or avoidance of allergenic foods reduces the risk of allergy.

**Research prospects:**
There is promising evidence for allergy prevention through the use of prebiotics and probiotics, LCP as well as vitamin D. However, further confirmatory evidence is necessary.

\(\*\)Of course prolonged breastfeeding is generally recommended. The allergy preventive effect of breastfeeding is scientifically proven until the end of the fourth month of life. Regardless of this, the WHO recommends exclusive breastfeeding over six months.
Breastfeeding is best for your baby. If breastfeeding is not possible, you can use infant milk formula after consulting your paediatrician or other independent professional. Concerning the preparation of infant formula please pay attention to the notes and instructions on the packaging. Inappropriate preparation of infant formula may result in health implications.

Further recommendations for allergy prevention

- Vaccination according to current recommendations
- Avoidance of overweight
- Avoidance of environmental tobacco smoke
- Only with infants at risk for allergies: do not acquire a cat
- Consideration of the increased allergy risk in children born via caesarean section
- Avoidance of a mould-promoting indoor climate
- Reduction of the exposure to indoor and outdoor air pollutants

Do you have further questions?
You can reach us by telephone from Monday to Friday from 8.00am to 5.00pm on:

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References:
3. The allergy-preventive effect of the used protein hydrolysate was scientifically proven in a prospective observational study. Nentwich I et al. Klin Pädiatr 2009; 221:78-82

Important notice: Breastfeeding is best for your baby. If breastfeeding is not possible, you can use infant milk formula after consulting your paediatrician or other independent professional.