



Allergy prevention during the first year of life.

Current recommendations for preventing allergies^{1,2}

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 COMBIOTIC³)

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 COMBIOTIC³)

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.

¹Of 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.

Further recommendations for allergy prevention



vaccination according to current recommendations



avoidance of a mould-promoting indoor climate



avoidance of overweight



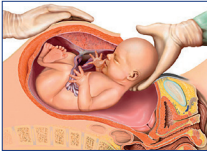
avoidance of environmental tobacco smoke



only with infants at risk for allergies: do not acquire a cat



reduction of the exposure to indoor and outdoor air pollutants



consideration of the increased allergy risk in children born via caesarean section

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Do you have further questions?

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References:

- ¹ Schäfer T et al. S3-Guideline on allergy prevention: 2014 update. AWMF online
- ² Muraro A et al. EAACI Food Allergy and Anaphylaxis Guidelines. Primary prevention of food allergy. Allergy 2014; 69:590-601
- ³ The allergy-preventive effect of the used protein hydrolysate was scientifically proven in a prospective observational study: Nentwich I et al. Klin Pkdiatr 2009; 221:78-82
- ⁴ Koletzko B et al. Monatsschr Kinderheilkd 2016; [Suppl 5]: 164-433-457
- ⁵ Fevretil M et al. J Ped Gastroenterol Nutr 2017; 64: 119-132
- ⁶ Kopp M. Pkdiatr. Allergologie 2012; 15:5-8

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. 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.

Infant formulae inspired by nature

