

Cow's Milk Free Diet for Infants and Children



Patient Name:

Dietitian:

Date:

Contact Number:

Email:



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Cow's milk allergy

Allergy to cow's milk occurs when the body's immune system reacts to proteins found in milk. Allergic reactions can be immediate (within minutes to 2 hours) or delayed (between 2-72 hours).

Immediate symptoms may include a combination of the following:

- itchy skin rashes (redness or hives)
- swelling of the face, eyes or lips
- runny nose, itchy eyes
- eczema
- coughing
- vomiting
- swallowing or breathing difficulties (rare)

Delayed symptoms may include a combination of the following:

- diarrhoea - often with a sore bottom (nappy rash)
- constipation – (bowels not open for more than 3 days, hard stools or straining when passing stools)
- gastro-oesophageal reflux disease
- profuse vomiting
- abdominal pain, bloating or distension
- mucous and/or blood in the stools
- nausea
- painful wind, excess gas
- eczema
- food refusal/faltering growth



Diagnosis

It is important that food allergies are properly diagnosed by a healthcare professional with the relevant training. They will ask detailed questions about symptoms, the history of any reactions and may perform tests. The type of tests advised will depend on how the patient has reacted.

Immediate onset allergic reactions are known as IgE mediated allergy. Skin prick tests or blood tests which measure IgE antibodies may be used to help with the diagnosis. The results of these tests are often difficult to interpret, which is why it is essential that they are carried out and read by a qualified allergy specialist. Sometimes, a food challenge may be needed before a definite diagnosis can be made. This is when increasing amounts of the suspected food are given and symptoms monitored. This is usually done under supervision in the hospital setting and should not be done at home unless you have been advised it is safe to do so by an allergy specialist.

Delayed onset allergic reactions are known as non-IgE mediated allergy. There are no reliable skin or blood tests that can provide a diagnosis for this type of allergy. The only reliable way to make a diagnosis is to exclude the suspected food(s) from the diet for a trial period of 2-4 weeks to see if the symptoms improve. The food(s) are then reintroduced to see if the symptoms return. The reintroduction stage is important as there may be other reasons why your child's symptoms improved. Your Dietitian will give you further advice on how to do this.

Patch testing is not recommended to diagnose food allergy as reliability has been shown to be low. It is therefore not recommended by any official body as a test for delayed onset of food allergy. However, patch testing may be used by specialists to diagnose contact allergies not related to food e.g. allergy to cosmetics.

Some companies offer allergy or food intolerance tests that measure IgG antibodies. These have not been found to be a reliable way to diagnose delayed or immediate reactions. Other tests such as hair analysis, kinesiology testing and vega testing have also been found to be unreliable and have no scientific basis, and therefore should not be used.



Lactose intolerance

Lactose intolerance is often confused with milk protein allergy but it is NOT an allergy.

Symptoms of lactose intolerance

- diarrhoea or constipation - often with a sore bottom (nappy rash)
- abdominal bloating or distension
- nausea
- wind, excess gas
- colicky stomach pain



Lactose intolerance *continued*

It occurs when the body cannot digest lactose, a type of sugar in milk. The most common form of lactose intolerance is called “secondary lactose intolerance”. This can occur after a bout of gastroenteritis (stomach bug) or because of an inflamed gut, such as in Coeliac Disease. Secondary lactose intolerance is temporary and resolves when the gut heals. In very rare cases, babies are born with a lactose intolerance that is not temporary. It is usually identified at birth and requires strict lifelong avoidance of lactose. Some people develop lactose intolerance later in childhood or adulthood but can often tolerate small amounts of lactose.

Lactose intolerance is treated by following a low lactose diet. Most children with lactose intolerance can manage to eat some low lactose foods (e.g. hard cheese, butter and yogurt) and even small amounts of cow’s milk without causing symptoms. It is important to discuss with your Dietitian which milk containing foods your child can tolerate.



Management

Cow’s milk allergy should in most cases be treated with a strict cow’s milk free diet. Your Dietitian will help you to avoid milk while making sure that your child gets all the nutrition they need to grow and develop well.

You should also discuss with your Dietitian whether your child needs to avoid all lactose (milk sugar) or not, as some hypoallergenic formulas contain uncontaminated lactose but are still suitable for most children with cow’s milk allergy. Goat, sheep and other animal milks should be avoided as they contain similar allergenic proteins to cow’s milk.

As most children will outgrow their allergies, it is important that they are regularly reviewed. This will help prevent unnecessary avoidance of foods. You should discuss with your Dietitian or Doctor when and how to re-introduce cow’s milk safely. In some cases, they may recommend that your child has a food challenge in hospital.

Cooking and processing can alter some of the allergenic proteins in milk, making it less likely for the proteins to be recognised by the body. Therefore, some children are able to tolerate milk that has been baked at high temperature (e.g. milk in cakes or biscuits) for some time, but will still react to small amounts of less well cooked milk (e.g. in custard, quiche) or to raw/uncooked milk (e.g. in some yogurts).

If your child can tolerate baked milk, your Dietitian will be able to provide you with lists of foods that will be safe for you (if you are breastfeeding) and/or your child to eat. It is important not to introduce these at home unless you have been advised to do so by your Dietitian or Doctor.

The following sections will help you to provide a strict cow’s milk free diet for your baby or child. Further help for those able to tolerate small amounts of cow’s milk or who appear to be growing out of their allergy can be provided by your Dietitian.



Milk substitutes for babies and children

Breastfeeding provides the best source of nutrition for all babies with cow's milk allergy. It is important for breastfeeding mothers to receive support with breastfeeding if needed. Information on how to access breastfeeding support can be found at:

www.nhs.uk/conditions/pregnancy-and-baby/breastfeeding-help-support/.

Occasionally, breast fed babies can react to milk proteins transferred in breast milk from the mother's diet. If your baby reacts to your breast milk, you may be advised to avoid milk (dairy) whilst breastfeeding. This is usually done as a trial for between 2 to 6 weeks to see if your baby's symptoms improve. If they do not, and you were following the diet strictly, you can return to your normal diet.

Hypoallergenic formula:

If your baby is having infant milk formula with or without any breast milk, this will need to be replaced with a hypoallergenic infant formula. Your Dietitian will give advice on the best formula for your baby. These are available on prescription from your GP and there are two main types:

- extensively hydrolysed formulas (where the cow's milk protein is broken down into small pieces)
- amino acid formulas (this formula is not based on cow's milk and the protein is completely broken down).

Please note: any partially hydrolysed formulas such as: hypoallergenic formulas designed for prevention; anti-colic and constipation 'Comfort' formulas; and some anti-reflux formulas are not suitable for the treatment of cow's milk allergy.

Hypoallergenic formula:

- Have a different taste and smell to ordinary infant formula so babies over 6 months of age may be less willing to accept this change.
- **For babies with delayed reactions only:** To promote acceptance, hypoallergenic formula can be gradually introduced over a few days by mixing small amounts in with the usual formula. Then gradually increase the amount of hypoallergenic formula until they get used to it.
- May make your baby's poos go dark green and poo less often; this is normal.

Your baby/child's recommended hypoallergenic formula is:

How long should I use the recommended hypoallergenic formula for?

Different hypoallergenic formulas are designed for different age groups (e.g. 0-6 months, from 6 months or from 1 year of age). The formula recommended for your child may need to be changed depending on your child's age, dietary intake, growth and severity of reactions to cow's milk. Your child will need regular assessments by a Dietitian to make sure they are given the most suitable formula or alternative milk substitute. If your child appears to be growing out of their milk allergy, your Dietitian will give advice on when and how to stop the formula.



Milk substitutes for babies and children

continued

What about soya formula?

Soya formula has now been discontinued in the UK so this is no longer an option for babies with a milk allergy.

What about other types of cow's milk substitutes?

A variety of plant-based calcium enriched cow's milk substitutes are available from most supermarkets and include those made from: oat, pea, coconut, quinoa, rice and tree nuts such as almond, cashew and hazelnut.

Current recommendations suggest using a hypoallergenic formula until 1 year of age and switching to a plant-based cow's milk substitute after that:

[What to feed young children - NHS \(www.nhs.uk\)](https://www.nhs.uk/what-to-feed-young-children)

These plant-based milks can be used in cooking or in cereal for most babies over 6 months of age if there are no concerns about growth. It is important to choose one that has added calcium. Your Dietitian will be able to advise you on the best alternative taking your child's food allergies and nutritional intake into account.

If your child is having a hypoallergenic infant formula as their main drink but intake is low, it may be better to use extra formula in foods and cereals instead of the plant-based milk substitutes. If you are not sure which to use, discuss further with your Dietitian.

There is a fortified soya milk substitute that is suitable as a main drink from 1 year of age which can be bought from supermarkets. However, some children with cow's milk allergy are unable to tolerate soya. Your Dietitian will advise whether soya products are suitable for your child.

Goat's, sheep and other animal milks are not suitable for children with cow's milk allergy as they have similar allergenic proteins to cow's milk.

Rice milk is not suitable as a main milk drink for children under 4½ years. This is due to concerns about the arsenic content.

For any child using these alternative plant-based milks, your Dietitian will discuss energy, protein, calcium, vitamin D and iodine adequacy.



Milk substitutes for babies and children

continued

How much milk substitute should I give?

Most hypoallergenic formulas meet vitamin and mineral requirements in a volume of 600ml (20floz/ one pint), however this may vary between formulas and your Dietitian can advise on ideal volume depending on the formula. Assume one good breast feed is equivalent to one bottle feed. If your baby consumes less than 600ml you will need to inform your Dietitian, who can check their need for any supplements.

Children from 1-3 years of age will generally need 300-400ml (10floz) of calcium fortified milk alternative each day to meet their calcium requirements. The volume of calcium fortified milk alternative needed may be higher for some products with a lower calcium content. This should be regularly assessed by your Dietitian.

If your child isn't drinking enough milk substitute, try using it on breakfast cereals and in cooking e.g. to make savoury white sauces for fish and pasta or puddings such as milk jelly, custard or rice pudding (see recipes).



Vitamin and mineral supplements

Vitamin D

Revised daily recommendations from the UK Health Department:

- All breastfed babies should take a vitamin D containing supplement from birth.
- Formula fed babies are likely to obtain enough vitamin D if drinking 600ml infant formula daily. If drinking less than this, a vitamin D containing supplement should be given.
- The following amounts are recommended:
 - Babies under 1 year of age: 8.5-10 µg (340-400 IU) vitamin D.
 - Everyone over 1 year of age (including pregnant and breastfeeding mothers): 10 µg (400IU) vitamin D.

Your Dietitian can advise how much you and your child will need per day.

If you receive income support, you can obtain Healthy Start vitamin drops from your local baby clinic or health visitor, or your GP may prescribe a vitamin supplement. Otherwise, a children's vitamin supplement containing vitamin D can be purchased from chemists and supermarkets. Ask your pharmacist for advice if you are unsure which supplement to buy.

If your child is avoiding other foods as well as milk and egg, your Dietitian may suggest additional vitamin or mineral supplements.



Calcium and other vitamins and minerals

Milk is a good source of calcium which is needed for healthy bones and other body processes. It is important to ensure that breast feeding mums and children on a cow's milk free diet are meeting their calcium requirements. The following table shows how much is needed for each age group:

Age	Calcium/day (mg)	Age	Calcium/day (mg)
0 - 12 months	525 mg	Boys 11 - 18 years	1000 mg
1 - 3 years	350 mg	Girls 11 - 18 years	800 mg
4 - 6 years	450 mg	Breastfeeding mums	1250 mg
7 - 10 years	550 mg		

Recommended vitamin and mineral supplement/s for mother and / or child are:



Good sources of Calcium

Calcium fortified products	Quantity	Calcium (mg)
Hypoallergenic infant formula: Nutramigen LGG™, Aptamil Pepti 1™, Althera™, Neocate LCP™, Neocate Syneo™, Nutramigen Puramino™, SMA Alfamino™	100ml	50-70
Hypoallergenic follow-on formula: Nutramigen 2™, Aptamil Pepti 2™, Neocate Junior™ (only for use after 1 year of age)	100ml	60-95
Calcium fortified milk alternatives made from: oat, coconut, nut, pea, rice [1] e.g. Alpro™, Oatly™, Koko™, Califia™, Qwrkee™, Mighty™, Rice Dream™	100ml	120-189
Soya bean curd/tofu. Only if set with calcium chloride (E509) or calcium sulphate (E516), not nigari	60g	200
Calcium fortified coconut yoghurt, desserts and custards e.g Alpro™, Andros™, Biome! coconut and almond probiotic drinks™, Koko™, Oatly creamy oat fraiche™, Oatgurt™, Coconut Collaborative Little Coco Nutters™, Little Bandits™, supermarket own brands	100g	120-211
Calcium fortified cheese alternative e.g Koko Cheddar™	50g	100
Koko Cream cheese™	100g	736
Vitalite Cream Cheese	100g	281
Mini Babybel®	100g	680mg
Cathedral City	100g	160mg
Applewood	100g	282mg
Nurishh	100g	650mg
Supermarket versions are also available		
Calcium fortified infant cereal	1 serving e.g. Cow & Gate, Heinz	60-120
Calcium fortified cereals e.g. Rice Krispies multigrain shapes™, Cheerios™, Bear Alphas™	30g serving	136-174
Calcium fortified hot oat cereal e.g. Ready Brek™, supermarket own brands	1 tbsp dry cereal (15g)	200
Calcium fortified breads e.g. Hovis Best of Both™, Warburtons Half & Half™, Kingsmill 50/50 Vitamin Boost™	1 slice (38 - 47g) 1 slice (42 - 50g) 1 slice (37.5g)	179 - 225 84 - 100 150



Good sources of Calcium *continued*

Non-fortified products:	Quantity	Calcium (mg)
Sardines (with bones)	½ tin (60g)	258
Pilchards (with bones)	60g	150
Tinned salmon (with bones)	½ tin (52g)	47
Whitebait	small portion (50g)	430
Scampi in breadcrumbs	6 pieces (90g)	190
White bread	2 slices (100g)	100
Wholemeal bread	2 slices (100g)	54
Pitta bread/chapatti	1 portion (65g)	60
Orange	1 medium (120g)	75
Spring greens	75g	56
Broccoli, boiled	2 spears (85g)	34
Kale, boiled	100g	150

[1] Children under 4½ years old should not have rice drinks as a replacement for cow's milk, breast milk or infant formula.

Spinach, dried fruits, beans, seeds and nuts are not good sources of calcium. This is because they contain oxalates and/or phytates which reduce how much calcium your body can absorb. You should not rely on them as your main sources of calcium.



Iodine

Milk is a good source of iodine which is needed for the development of a baby's brain during pregnancy and early life. It is important that a milk-free diet contains other iodine rich foods such as fish. If your child is unable to eat fish, your Dietitian can advise on other suitable iodine containing foods or supplements if required. The following table shows how much is needed for each age group, according to the World Health Organisation (WHO):

Age	Iodine/day (ug)	Age	Iodine/day (ug)
0-5 years	90	Pregnancy	250
6-12 years	120	Breastfeeding mums	250
Adults over 12 years	150		

Further information on foods containing iodine can be found at:

<https://www.bda.uk.com/resource/iodine.html>



Medicines

Many medications and nutritional supplements contain lactose. If this is medical grade lactose, the cow's milk protein content will be minimal. Therefore, **most milk allergic children will not need to avoid products containing medical grade lactose**. Contact your pharmacist and Dietitian if you think your child has reacted to a certain medicine.



Introducing solid foods

Introducing a baby to solid foods who has a cow's milk allergy should be the same as for a non-allergic baby, but you will need to avoid foods that contain cow's milk or dairy products (e.g. yogurt, fromage frais, cheese, cream or butter). You should aim to start giving solid foods at around 6 months but not before 4 months (17 weeks) of age. If your baby was premature, check with your Dietitian about the best time to start. As your baby grows, you should keep offering different textures and flavours to help your baby learn to like a wide variety of foods. See the examples below for some suitable meal and snack ideas.

Begin with foods such as root and green vegetables, fruit, rice and potatoes at a texture that is appropriate for your child. Chicken, meat and pulses may be introduced next. Use a little of your baby's usual milk (breast or hypoallergenic formula) to mix the food to the desired consistency.

If your baby has eczema, especially more severe eczema, they are at higher risk for developing other food allergies. You may be given more specific advice about which common allergenic foods to introduce to your baby's diet and when.

General advice for babies that are at risk of allergy, or already have allergy, is to introduce allergens early as per BSACI advice. This includes peanuts and cooked eggs from 4 months, followed by all the common 14 UK allergens. Discuss with your dietitian or medical team if this applies to your baby and how to do this safely.

Further information can be found at:

www.allergyuk.org/information-and-advice/conditions-and-symptoms/42-childhood-food-allergy

More detailed information about infant feeding and allergy prevention is available here:

[pdf Infant-feeding-and-allergy-prevention-PARENTS-FINAL-booklet.pdf \(bsaci.org\)](#)

General weaning guidance can be found:

[Complementary feeding \(weaning\) - British Dietetic Association \(BDA\)](#)
[Weaning - Start for Life - NHS \(www.nhs.uk\)](#)



Meal and snack ideas

Stage One

(First foods should be pureed or mashed or safe sized finger foods if baby-led weaning):

- cooked vegetables and soft fruits (e.g. carrot, parsnip, butternut squash, sweet potato or yam, spinach, broccoli and cauliflower, avocado, cooked apple, pear, or mashed banana)
- milk free baby cereals made with your child's milk substitute (e.g. baby rice, baby porridge. Please note some of these products may contain milk so carefully check the ingredients list on the label)
- pureed or mashed up meat, chicken or lentils.

Stages Two and Three

(Stage Two is mashed with soft lumps and soft finger foods. Stage Three is minced or chopped family foods and hard finger foods.)

Note: If your child has other food allergies, check with your Dietitian that it is safe to eat all the foods recommended below.

Breakfast

- milk free breakfast cereal or porridge with milk substitute and fruit puree or mashed banana
- toast* fingers with milk free margarine (see list).

Snacks & Finger foods

- small pieces of soft, ripe fruit (e.g. banana, peach, mango, melon) dried apricots or raisins
- raw vegetable sticks (e.g. cucumber sticks, peppers)
- lightly cooked vegetable pieces (e.g. broccoli & cauliflower florets, carrot, parsnip & courgette sticks, green beans)
- dairy free cheese slices or cubes
- bread sticks* or rice cakes* with hummus, mashed avocado, or dairy free cheese spread
- sandwiches with ham/chicken/tuna/egg mayonnaise*/dairy free cheese, cucumber slices and milk free margarine
- toast* with baked beans* and well-cooked scrambled egg (made with milk substitute) and milk free margarine.



Meal and snack ideas *continued*

Main meals

Minced or finely chopped meat, flaked fish or tofu served with:

- pasta in a roasted vegetable and tomato based sauce or a milk free white sauce (see recipe). Finely grated dairy free cheese could be added to the sauce. Alternatively, a milk free cheese spread could be added to cooked pasta to make a sauce
- mashed potatoes/chopped roast or new potatoes, mashed/chopped vegetables
- flaked fish poached in a milk substitute, mashed potato and vegetables
- mashed, cooked lentils/dhal, chickpeas or other pulses with well-cooked boiled rice.

Puddings

- soft ripe or dried fruit
- dairy free yogurts, desserts/ice cream/custard with fruit
- rice pudding, semolina or custard made with milk substitute
- milk jelly or egg custard (not suitable if your child has an egg allergy) made with milk substitute
- fruit crumble made with milk free margarine.

Try making-up batches of milk free meals/puddings and freezing them in ice-cube trays to allow you to serve small portions with less waste.



Checking food labels

Food allergen labelling law requires that common food allergens used as ingredients or processing aids must be **declared on the packaging or at the point of sale**. The list of 14 common food allergens includes milk.

These laws apply to all **packaged and manufactured foods and drinks sold**. They also apply to **foods sold loose** (e.g. from a bakery, delicatessen, butcher or café) and **foods packed or pre-packed for direct sale** (e.g. café, sandwich bar, food outlet, market stall, some catering products). If you travel outside Europe, be aware that labelling laws are different so check ingredients carefully.

For **pre-packed products (e.g. made in a factory) and food prepacked for direct sale** (such as in a café, sandwich shop, deli or food outlet preparing food in their own kitchen) allergens must be listed in one place on the product label (i.e. in the ingredients list) and highlighted (**e.g. in bold or underlined**).



Checking food labels *continued*

Example of food label containing cow's milk:

Olive spread (margarine):

Ingredients: Vegetable oils [including olive oil (22%)], water, **whey powder (milk)**, salt (1.3%), stabiliser (sodium alginate), emulsifier (mono and diglycerides of fatty acids), lactic acid, natural flavouring, vitamins A and D, colour (carotenes)

Allergy Advice: For allergens, see ingredients in **bold**.

More information on food allergy labelling is available from NHS Choices:

www.nhs.uk/conditions/food-allergy/living-with/

There are different rules for:

- foods sold **without packaging** such as in a bakery, café or pub. For these foods, allergen information has to be provided either in writing or verbally. If provided verbally, the business must be able to provide further written information if requested (in the UK only).

FOOD ALLERGY NOTICE

IF YOU HAVE A FOOD ALLERGY
PLEASE ASK A MEMBER OF STAFF
FOR FURTHER INFORMATION

THANK YOU



Checking food labels *continued*

There are many ways in which milk can be labelled, so carefully check the ingredients list on food items. By law you must be able to clearly tell that a product contains milk e.g. if casein is listed, it should tell you in brackets that this is 'from milk'. Avoid foods which contain:

Milk ingredients:

- Buttermilk
- Cow's milk (fresh, UHT)
- Condensed Milk
- Cream/artificial cream
- Evaporated milk
- Butter, butter oil
- Ghee
- Margarine
- Cheese
- Fromage Frais
- Ice Cream
- Yogurt
- Casein (curds), caseinates
- Calcium or sodium caseinate
- Hydrolysed casein
- Hydrolysed whey protein
- Lactoglobulin
- Lactoalbumin
- Lactose*
- Milk powder, skimmed milk powder
- Milk protein
- Milk sugar
- Milk solids, nonfat milk solids
- Modified milk
- Whey, whey solids, hydrolysed whey
- Whey protein, whey syrup sweetener

*Lactose - Please discuss with your Dietitian to what extent you will need to avoid lactose.

Milk free foods may also be referred to as being 'dairy free'.

Always check the label: manufacturers change their ingredients from time to time e.g. 'new improved recipe'. It is always safer to recheck the ingredients list.



Checking food labels *continued*

May contain... or 'Made in a factory...' labelling statements

These warnings are used by food manufacturers to highlight a possible risk of an otherwise milk free product being accidentally contaminated by milk during manufacturing, including on vegan products. There is currently no law to say how or when this type of labelling should be used but it appears on a wide variety of products. The way these statements are worded does not indicate their level of importance, e.g, 'not suitable for....' does not mean there is a greater risk of contamination than 'made in a factory....'. Tolerance to foods with a 'may contain' labelling does not always mean that trace amounts of allergen are tolerated.

It is important to discuss your approach to these foods with your Dietitian or Doctor. It is recommended that your child:

Allergy Alerts

Sometimes foods have to be withdrawn or recalled. There may be a risk to customers because the allergy labelling is missing, wrong or if there is any other food allergy risk. You can get these alerts from the Food Standards Agency website. It is also possible to subscribe to a free email or SMS text message alert system to receive messages when Allergy Alerts are issued.

To subscribe, go to: www.food.gov.uk/news-alerts/subscribe

Alternatively, you can view product alerts online from:
www.anaphylaxis.org.uk/information-training/allergy-alerts/

Cross contamination

Cross contamination can occur whilst preparing foods. If traces of milk need to be avoided, ensure that all work surfaces and chopping boards are well cleaned or use separate chopping boards. Use separate containers for jams, butter etc and use clean utensils for serving them. High risk situations where cross contamination can occur include: barbeques, buffets, deli-counters and self- service salad bars. Pre-packed sandwiches are also a risk for cross contamination and are best avoided.



Suitable foods and foods to avoid

The following pages give examples of cow's milk free foods and foods which may contain cow's milk. Please note this is not an exhaustive list - always check labels and discuss with your Dietitian about how to approach 'May Contain' labelling.

Suitable Foods	Foods that may contain milk	Foods to avoid
Milk and Dairy Products		
Oat milk, soya milk, pea milk, coconut milk, quinoa milk, hemp milk, nut milk, rice milk if child is over 4½ years. Cream alternatives made with oat, rice and coconut. Cheeses (hard, soft, melting, parmesan type) made with soya e.g. Sheese™ nut e.g. Vegusto™ coconut e.g. Violife™ or rice e.g. MozzaRisella™ and supermarket own brands. Yogurts made with soya e.g. Alpro™, coconut e.g. Coyo™ or Koko™ or nut e.g. Nush™ and supermarket own brands. Ice creams made with soya e.g. Swedish Glace™, Whole Creations™ or Vegan Magnum™, coconut e.g. Coconut Collaborative™, Blue Skies™, nut e.g. Booja Booja™, Almond Dream™, Ben & Jerry's™ and supermarket own brands.		Cow's milk, lactose free milk e.g. Lactofree™, goat's milk, sheep's milk including skimmed, semi-skimmed, full fat. Dried milk, evaporated milk, condensed milk, flavoured milk, coffee compliment, other whitener, cream, artificial cream. Cheese, Lo-col cheese™ Lactose free cheese e.g. Lactofree™. Yogurt/yogurt drinks, ice cream, buttermilk, quark, lactose free yogurts e.g. Lactofree™. Rice milk in children under 4½ years of age*.
Fats and Oils		
Pure fats, oils, lard, suet dripping Dairy free margarines e.g. Pure™, Vitalite™, Tomor™, supermarket own brand of dairy free margarine Kosher and vegan spreads. Soya margarine.		Butter, shortening, margarine, low cholesterol margarine, low fat spread, ghee.



Suitable foods and foods to avoid *continued*

Suitable Foods	Foods that may contain milk	Foods to avoid
Cereals		
Flour, cornflour, oatmeal, barley, oats, rice.	Bread – wholemeal, brown and white (most are milk free), chapatti, naan bread.	Milk breads, some reduced starch breads, fruit loaves, soda bread, brioche, croissants, pastry.
Dried pasta, plain cous-cous.	Crackers, crispbreads.	Filled pasta e.g. lasagne.
Homemade pizza using suitable ingredients.	Cakes, biscuits.	Pizza.
Some biscuits/crackers.	Filo pastry.	Muesli, breakfast cereals containing chocolate.
Breakfast cereals - many are milk free e.g. Shreddies™, Weetabix™, Cheerios™, Cornflakes™, Rice Krispies™.	Fresh pasta, tinned pasta in sauces, pot noodles.	
	Savoury rice.	
Vegetables		
All types of plain, fresh, frozen, tinned and dried.	Instant potato, potato croquettes, oven chips, potato crisps and other savoury snacks.	Vegetable pies, vegetables cooked with butter, white sauce or cheese.
	Vegetables in sauce.	
	Baked beans.	
	Coleslaw.	
Fruit		
All types of fresh, frozen, tinned and dried.	Fruit puddings, fruit pie fillings.	Fruit yogurts, fools and mousses, chocolate coated fruit, fruit pies, fruit in batter.
	Fruit juice.	



Suitable foods and foods to avoid *continued*

Suitable Foods	Foods that may contain milk	Foods to avoid
Meat, Fish and Alternatives		
All fish fresh and frozen, shellfish. Eggs. Soya mince. Tofu.	Processed meats e.g. Sausages, sausage rolls, beef burgers, pate, meat paste, Scotch eggs. Fish, chicken or meat pies. Breaded meat products e.g. chicken nuggets. Fish in sauces, in breadcrumbs, fish in batter, fish fingers, tinned fish, fish pastes and pates. Ready-made meals. Baked beans and food from fast food restaurants and takeaways. Dry roasted or flavoured nuts, peanut butter. Quorn based products. All meats; fresh and frozen, poultry, offal, bacon, ham. Pulses: lentils, beans, hummus.	Scrambled egg, quiche, omelette.
Puddings		
Rice, sago, tapioca and semolina made with milk substitute. Soya, coconut desserts. Jelly. Homemade milk free puddings e.g. sponge, crumble.	Custard powder.	Milk based instant desserts e.g. Angel Delight™, blancmange powders, instant whips. Egg custard, milky puddings, custards, chocolate puddings, chocolate sauces. Sponge cakes, crumbles, cheese cakes. Profiteroles.



Suitable foods and foods to avoid *continued*

Suitable Foods	Foods that may contain milk	Foods to avoid
Confectionery		
Soft jellies and gums. Juice based ice lollies. Dairy free soya/rice/carob based chocolates (but beware of milk traces – check labels). e.g. Moo Free chocolate™, Zero Zebra rice chocolate™, supermarket own brands.	Plain chocolate (most are milk free, but some may contain traces). Juice based ice lollies.	Toffee, fudge and butterscotch. Ice Cream or milk lollies. Milk and white chocolate.
Drinks		
Fruit juice, squash cordials. Fizzy drinks (not suitable for young children). English breakfast tea, coffee (not suitable for young children). Fruit tea.	Vending machine drinks. Milkshake powders/syrups. Cocoa, drinking chocolate.	Instant white tea, cappuccino, Horlicks™, Ovaltine™, instant hot chocolate. Milkshakes made from cow's milk.
Miscellaneous		
Jam, honey, marmalade, syrup, treacle. Beef and yeast extracts e.g. Bovril™, Marmite™. Salt, pepper, herbs and spices, tomato puree. Sauces made with milk substitute. Sugar.	Salad cream and mayonnaise. Gravy powders, stock cubes. Tomato ketchup. Guacamole. Tinned soups. Food colourings, oil-based salad dressings.	Lemon curd, lemon cheese. Chocolate spread. Sauces made with milk, sea food sauce, horseradish sauce. Some artificial sweetener powders. “Cream of” soups.

*Please note that foods listed were milk free at the time of publishing.

Please continue to check labels as product content may change.



Eating out

Current Law states that if a business provides food to their customers directly, for example in a restaurant or cafe, they must provide allergen information in writing. This could be either:

- full allergen information on a menu, chalkboard or in an information pack
- a written notice placed in a clearly visible position explaining how their customers can obtain this information - for example by speaking to a member of staff. For further information see: www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses#direct-selling

Distance selling

If food is sold through distance selling, for example through a telephone or online order for a takeaway, allergen information must be provided at two stages in the process:

- before the purchase of the food is completed - this could be in writing (for example on a website, catalogue or menu) or orally (for example by phone)
- when the food is delivered - this could be in writing (for example on allergen stickers on food or enclosed hard copy of menu) or orally (for example by phone)

The allergen information should be available to a customer in a written form at some point between a customer placing the order and taking delivery of it.

If you are ordering through a food delivery company e.g. Deliveroo, Just Eat, Uber Eats, you must contact the restaurant directly to inform them of your allergies and to find out whether the meal is suitable. You should do this every time you make a new order.

Tips for eating out

Depending on your child's reactions, particularly if they are quite severe, you may find some of these tips useful:

- Carry your child's rescue medication with you and make sure it is in date.
- Check out the restaurant's website – many contain nutritional and allergy information.
- Ring the restaurant in advance to ensure they can cater for your child's allergy. Try to call at off-peak times when the staff will have more time to deal with your query.
- Get to know the chef in your favourite local restaurant.
- Speak to your waiter/waitress or the chef on arrival to check they are all aware of your child's food allergy.
- You may find it helpful to use a 'chef card' such as those available to print off from [allergy-chef-cards.pdf \(food.gov.uk\)](#). Hand the card to your waiter/waitress and this will help to ensure that correct information is passed to the chef and if necessary that the food you have requested should not have any contact with or products that contain milk.



Eating out *continued*

Tips for eating out

- Keep to “simple” foods on the menu. Sauces and gravies contain many ingredients which cannot always be remembered by staff.
- If you do not understand the description of a menu item, it is safer not to order it.
- Avoiding the busiest times may be helpful in ensuring staff are attentive and have time to check ingredients.
- Remember milk may not be mentioned in the description of a dish – check for hidden sources e.g. marinades.
- Self-service areas, buffets and salad bars are also at risk of cross contamination from one dish to another.
- Make sure those you are dining with know about your/your child’s allergies and know what to do if a reaction occurs.
- If in doubt, choose to eat elsewhere.
- If eating with friends or at a party, remember to tell the host about your child’s milk allergy in advance so they can prepare suitable dishes.
- At children’s parties it may be helpful to take your own milk free foods. If you are not staying with your child, remember to explain how serious his or her reaction could be and how to deal with it. Ensure that your child/their host knows they should not swap foods/eat from another child’s plate.

Some restaurants have signed up to the Allergy UK ‘Allergy Aware’ scheme This shows that staff have had allergy training and the restaurant follow recommended procedures to ensure safety for customers with food allergies:

<https://www.allergyuk.org/resources/allergy-uks-allergy-aware-scheme/>



Travel tips

Depending on your child's reactions, particularly if they are quite severe, you may find some of these tips useful.

- Carry your child's rescue medication e.g. antihistamines, adrenaline auto-injector and action plan with you and make sure they are in date.
- If you are travelling abroad, check in advance how to describe your child's allergies in the local language. There are several websites that provide useful phrases and eating out translation cards in a variety of languages: [Travelling | Allergy UK | National Charity](#)
- If you are flying, speak to your airline well in advance to check if they can meet your child's dietary needs. Make yourself known to the flight crew to ensure the correct meal is received and ask for an ingredient list of the meals provided.
- Consider taking suitable snacks for the journey in case your flight is delayed or your meal is not available on the day of travel.
- Try to obtain a letter from your Doctor or Dietitian explaining why your child needs to take special food items/hypoallergenic formula or a written allergy action plan eg. from BSACI.
- Any special food items not needed for the flight should be put in your suitcase. Be careful with fruit, vegetables or meat as these are often not allowed to be brought into a country.
- Some airlines require a letter from the Doctor/Dietitian allowing you to take more than a 100ml of liquid, antihistamine, hypoallergenic formula etc.
- If you are taking an adrenaline auto-injector, obtain a letter from your Doctor that confirms your child's allergy.
- Make sure the friends you are travelling with know about your child's allergies and what to do if a reaction occurs.
- If you are staying in a hotel, try to get a room with a kitchen area in case there are no safe places to eat out.
- Ensure you have the telephone number of the local hospital or emergency services and keep your medical insurance number handy in case you need it.
- You can check local restaurants and menus through Trip Advisor and other similar sites.
- You may find useful tips and also contact details of restaurants to contact them prior to you going.
- Ensure your child always carries some sort of allergy ID. Medical ID bracelets, ID cards and travel containers to protect medicines from excessive heat or cold are available from: www.medicalert.org.uk, and www.sostalisman.com,
- Consider adding Medical ID' details to your smartphone. This information is accessible from the lock screen and in case of emergency, enables quick access to information about your child's allergies, other important medical information and emergency contacts.



Recipes

Many items that usually contain cows' milk protein can be adapted by using a milk substitute and milk free margarine.

White Sauce

Ingredients	Hob Method
20g ($\frac{3}{4}$ oz, 1tbsp) milk free margarine	Place all ingredients in a pan and heat gently, whisking continuously until sauce thickens.
20g ($\frac{3}{4}$ oz, 1tbsp) plain flour or corn flour	Microwave Method
300ml ($\frac{1}{2}$ pint) milk substitute	Place all ingredients in a bowl.
Salt and pepper to taste	Whisk to remove lumps.
	Microwave it for 30 seconds and then whisk.
	Repeat this until it makes a smooth sauce.
	Flavour with cooked mushrooms, vegetables or parsley

Banana Custard (Hob or microwave)

Ingredients	Method
150ml ($\frac{1}{4}$ pint) milk substitute	Mix the custard powder with 2 tablespoons of the milk substitute.
15g ($\frac{1}{2}$ oz, $\frac{1}{2}$ tbsp) milk free custard powder	Gently warm the remaining milk substitute on the hob or in the microwave until almost boiling.
1 small banana	Remove from the hob/ microwave and pour over the custard paste, stirring continuously.
Few drops of lemon juice	Return to the hob/microwave and heat for 2-3 minutes stirring regularly.
	Blend the banana with a few drops of lemon juice and stir into the custard.

Rice Pudding

Ingredients	Method
50g (2oz) pudding rice	Put rice and milk into a pan.
600ml (1 pint) milk substitute	Heat gently for 2 hours, stirring occasionally.
25g (1oz) caster sugar	Add sugar and serve.
	Or, put rice, milk and sugar into a greased ovenproof dish and bake in an oven at 150°C (300°F, gas mark 2) for 2 hours, stirring occasionally.



Recipes *continued*

Easy Ice Cream

Use soya ready-made custard (e.g. Alpro™, Provamel™), put in ice-cream machine (according to volume specified by the manufacturer) and select the standard ice cream setting. The easiest ice cream ever.

Alternatively, put the custard in the freezer and stir once an hour until almost frozen.

Sponge Cake

Ingredients	Method
120g (4 oz)) dairy free margarine	Blend the margarine and sugar together until light and fluffy.
120g (4 oz) caster sugar	
120g (4 oz) plain sifted flour	Beat in the eggs slowly.
1 tsp baking powder	Stir in the flour and baking powder, place in a greased and floured 18cm/7inch cake tin and bake at 180°C (360°F, gas mark 4) for 30-40 minutes.
2 eggs	

Helpful Hints

- Use calcium fortified alternative milks (e.g. soya, rice, oat, nut, coconut) to make sauces, pancakes, batter and desserts.
- Allow hot drinks to cool a little before adding soya milk as it may curdle.
- Grate soya hard cheeses on the fine part of the grater if they are not melting very well.
- Use plain milk free yogurts or coconut milk to make curries, raita, stroganoffs, creamy sauces and dips.
- You can use egg white replacer to make a milk free whipping cream or use Soyatoo™ whipping cream (spraycan).
- Use a milk free melting cheese (e.g. Violife, Cheezly melting mozzarella™, Vegusto No Moo melty™ or MozzaRisella™) on pizza, cheese on toast and on lasagne.
- Use a hard milk free cheese (Cathedral City, Sheese™, Vegusto No-Moo™, Violife™) to make cheese sauces. Grate on the fine part of the grater so that it melts more easily. Using a microwave will save it sticking to the bottom of the saucepan (which also works for milk free custard & porridge).
- Use milk free cream cheese/sour cream or milk free plain yogurt in dips, cheesecakes, quiches and savoury and sweet sauces.



Useful websites

Patient Support

www.anaphylaxis.org.uk A charity organisation providing information & support for people with severe allergies including information on the availability and use of adrenaline auto-injectors. **Tel: 01252 542 029.**

www.allergyuk.org A charity organisation providing support for people with allergies. **Tel: 01322 619 898.**

www.nhs.uk/conditions/food-allergy NHS choices allergy and intolerance advice.

www.nhs.uk/conditions/anaphylaxis NHS choices anaphylaxis advice.

www.bda.uk.com The British Dietetic Association provides fact sheets on food allergy & intolerance, autistic spectrum & allergy testing. **Tel: 0121 200 8080.**

www.sparepensinschools.uk A one-stop resource for anyone who wants to know about anaphylaxis and adrenaline auto-injector “pens” in schools.

www.allergyacademy.org/topic Useful allergy resources.

Online Shopping

www.alternativestores.com/vegan-vegetarian-shopping online vegan shopping

www.amyskitchen.co.uk wheat and gluten free meals and soups

www.kirstys.co.uk Allergy free ready meals.

www.veganstore.co.uk A wide range of egg & milk free vegan foods

www.veggiestuff.com milk and egg free products



Useful websites *continued*

Product websites

www.alpro.com Soya and nut milks.

www.buteisland.com Milk free cheeses.

www.coconutsecret.com Coconut based products.

www.coconutco.co.uk Coconut yogurts and ice cream.

www.coyo.com Coconut milk based ice cream and yogurt.

www.dairyandglutenfreedesserts.co.uk Milk and egg free desserts.

www.granovita.co.uk & www.plamilfoods.co.uk Milk and egg free mayonnaise.

www.kokodairyfree.com Coconut based milks, yoghurts and cheeses.

www.moofreechocolates.com Wide range of milk free chocolates (please check labels as some contain soya lecithin).

www.mozzarisella.co.uk Rice based cheeses.

www.orggran.com Egg, dairy, wheat, gluten & yeast free products & egg replacer.

www.plamilfoods.co.uk Milk free products.

www.purefreefrom.co.uk Milk free margarines.

www.vbitesfoods.com Milk free cheeses.

www.vegusto.co.uk Milk free cheese (nut based) and vegan products.

www.violife.gr Milk and egg free cheeses.

www.zerozebra.com Rice chocolates.

Useful recipe websites:

www.allrecipes.com

www.bbcgoodfood.com/recipes

www.foodsmatter.com/freefrom_recipes/

www.kidswithfoodallergies.org www.yummly.com



Suggested meal pattern

Food groups	Personalised suggestions
Breakfast Bread, cereals and other starchy foods. Milk and dairy alternatives. Meat, fish, eggs, beans and other non-dairy sources of protein. Fruit. Drink.	
Mid morning snack	
Lunch Meat, fish, eggs, beans and other non-dairy sources of protein. Bread, rice, potatoes, pasta and other starchy foods. Vegetables. Fruit. Dairy food alternatives. Drink.	
Mid afternoon snack	
Evening Meat, fish, eggs, beans and other non-dairy sources of protein. Bread, rice, potatoes, pasta and other starchy foods. Vegetables. Fruit. Dairy food alternatives. Drink.	
Supper Bread, cereals and other starchy foods. Milk and soya food alternatives. Fruit. Drink.	

Notes:

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