Early Allergen Introduction & Sustained Feeding

A parent's quick guide

Introducing common food allergens during infancy—and continuing to eat them regularly—may help reduce the risk of developing food allergy.

WHEN SHOULD WE START?

For most babies, begin introducing allergenic foods **around 6 months of age, but not before 4 months,** once your baby:

- Can sit with good head and neck control
- Can swallow purees or soft foods rather than pushing them back out
- Has already successfully started a few simple solid foods
- Is healthy on the day you plan a **first** introduction

Talk with your child's doctor or allergist **BEFORE** starting if your baby:

- Has **severe or difficult-to-control eczema**
- Already has a known food allergy
- Has had a possible reaction to the food you want to introduce
- Has significant feeding or swallowing problems

HOW DO I INTRODUCE A NEW ALLERGEN?

1. **Choose one allergenic food at a time.**
2. **Use an infant-safe form.** Never give whole nuts or a thick spoonful of nut butter to an infant.
3. **Start with a small taste.**
   Offer a small amount and watch your baby for about **10 minutes.**
4. **If everything looks normal, gradually give more.**
5. **Once tolerated, KEEP IT IN THE DIET.**
   Introduction is not a one-time event. Regular eating is an important part of food-allergy prevention.

EASY WAYS TO SERVE COMMON FOOD ALLERGENS

FOOD	BABY SAFE IDEAS
Peanut	Thin smooth peanut butter with warm water, breast milk, formula or puree; or mix peanut powder into a tolerated food
Egg	Well-cooked scrambled egg, mashed hard-boiled egg or egg mixed into a puree
Milk	Yogurt or cheese in an age-appropriate form*
Tree Nuts	Smooth individual nut butter, well thinned; introduce different nuts individually
Sesame	Thin tahini into a familiar puree or other tolerated food
Wheat	Wheat cereal, soft pasta or other age-appropriate wheat food
Soy	Soft tofu, soy yogurt or another age-appropriate soy food
Fish	Well-cooked, carefully deboned and mashed or finely flaked fish
Shellfish	Well-cooked and finely minced or pureed shellfish

*Cow's milk should not replace breast milk or formula as the baby's primary drink before age 12 months.

HOW OFTEN SHOULD WE KEEP FEEDING IT?

Peanut

Once peanut has been successfully introduced, a practical goal is approximately:
2 teaspoons of smooth peanut butter, thinned appropriately, 2–3 times per week.

Egg and other tolerated allergens

Continue offering them **regularly as part of your baby's normal diet.** There is not one proven exact dose or schedule for every allergenic food.
Think **"early AND ongoing," rather than "one and done."**

What if we miss a few days?

Don't panic. Illness, travel and picky eating happen. If the food has previously been tolerated, simply **resume it when your baby is feeling well and eating normally.**

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WHEN SHOULD I STOP AND CALL?

STOP feeding the food and contact your child's healthcare provider before giving it again if your baby develops:

- Hives or a new raised, itchy rash
- Swelling of the lips, face or eyes
- Vomiting after eating the food
- Repeated coughing associated with eating
- A reaction that concerns you—even if you aren't sure it was an allergy

Repeated vomiting or unusual sleepiness/lethargy occurring later after a food should also be discussed with your child's healthcare provider.

GET EMERGENCY HELP for:

- Trouble breathing or wheezing
- Swelling of the tongue or throat
- Repetitive coughing with breathing difficulty
- Pale, blue, limp or difficult-to-arouse appearance
- Symptoms involving several parts of the body that are rapidly worsening

If your child has been prescribed epinephrine for an allergic reaction, use it as directed and call 911.

REMEMBER

START EARLY • START SAFELY • KEEP IT GOING • ASK WHEN YOU'RE UNSURE

You do not need to introduce every food perfectly. The goal is to help your baby build a **diverse, regularly eaten diet** while knowing when to ask for help.

Questions about eczema, food reactions, or introducing allergens safely?
Contact your pediatrician or allergy specialist.

Based on food-allergy prevention guidance from the AAAAI, ACAAI and NIAID. This handout provides general education and does not replace individualized medical advice.

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