

Introduction of peanut at home

You have been given this leaflet because the allergy team looking after your child has advised introducing peanut protein into your child's diet. Over the years, there has been lots of differing advice about this, so we hope that this leaflet makes things clearer.

Your child may be considered to have a higher risk than most for developing a peanut allergy if they have severe eczema or an egg allergy. If you have been given this leaflet, then the allergy team have assessed your child and are happy that you introduce peanut at home.

Background

Peanut allergy is an abnormal response by the body's immune system to protein in the peanut. When people who have an allergy are exposed to this protein, their immune system recognises it as harmful and mounts a response. This response involves antibodies, which set off a chain of events, resulting in the allergic reaction.

You may have noticed that peanut allergy seems to be more common than it was when you were a child. This has also been noticed by the health authorities in countries including the UK, USA and Canada. These authorities were concerned about the numbers of people with the allergy. They advised that children considered high-risk of peanut allergy should avoid peanut until they were three years old, believing that this would reduce peanut allergy.

More recently, this idea has been questioned. It has been noted that in countries where small children eat high levels of peanut protein from weaning onwards, there have not been high rates of peanut allergy.

A group of researchers decided to challenge the advice to avoid peanut. They set out to discover which was best: early introduction of peanut, or avoiding peanut until the child is older. They looked at the highest risk infants (with severe eczema, egg allergy or both). These infants were then split randomly into two groups, either to eat peanut or to avoid peanut until they were five years old. Researchers followed them up to discover which was the safest and best advice. This is known as the LEAP (Learning Early About Peanut allergy) study. The research showed clearly that the most effective way to reduce the risk of a child developing peanut allergy is to introduce peanut early.

How to introduce peanut into your child's diet

- Whole nuts are dangerous for babies and small children (younger than five years old), who are at risk of choking on them. It is very important that you do not offer these to your child.
- There are age-appropriate peanut foods and recipes within this leaflet. If you have any questions, please ask a member of the allergy team for further advice.
- Give peanut for the first time on a day when your child is completely fit and well. If they are unwell it may be hard to tell whether they are having an allergic reaction.

- Peanut introduction should be done at home for the first time, not when your child is at nursery or with a childminder.
- Make sure you have plenty of time and minimal distractions. You need to be able to watch your child closely. You should allow at least two hours after eating the peanut to continue watching your child carefully for any sign of reaction.

We recommend using any of the recipes below as suitable ways to give your child peanut for the first time.

After preparing the feed:

1. Offer a small amount of the peanut food on the tip of a spoon.
2. Wait for ten minutes.
3. If there is no reaction, then continue with the rest of the prepared food at a normal pace.

Recipes

Option 1: Bamba (Osem, Israel), 21 pieces (approximately 2g of peanut protein)

Note: Bamba is named because it was the product used in the LEAP study and therefore has proven efficacy and safety. Other peanut puff products with similar peanut protein content can be substituted.

- For infants less than seven months old (or those not yet managing bite and dissolve foods), soften the Bamba with 4 to 6 teaspoons of water to make a smooth cereal-like texture and feed from a spoon.
- For older infants or children who can manage dissolvable textures, unmodified Bamba can be fed.

Option 2: Thinned smooth peanut butter, 2 teaspoons (9 to 10g of peanut butter; approximately 2g of peanut protein)

1. Measure two level teaspoons of peanut butter and slowly add 2 to 3 teaspoons of hot water.
2. Stir until peanut butter is dissolved, thinned and fully blended.
3. Let the mixture cool.
4. If the mixture is too thick, add more water. If it is too thin, then infant cereal (previously tolerated) can be added.

Pureed fruits or vegetables can also be added to either recipe to change the taste. Please be aware this will increase the volume of food your child needs to eat.

What to do if there is a reaction

As your child has already been assessed by the team and advised that home introduction is safe, the most likely outcome is that your child will eat the peanut with no reaction.

With new food there is a small chance that your child might react. Here is what to look out for:

- skin rashes or redness
- sneezing
- swelling or itching of the face
- vomiting.

These symptoms usually respond well to treatment with a liquid antihistamine, which can be given as per the instructions on the packaging.

It is very unlikely your child will have a severe allergic reaction. If there is any difficulty in breathing or swallowing, reduction in consciousness or collapse, please call an ambulance on 999.

If you believe your child has had an allergic reaction to peanut, do not offer it again. Contact the children's allergy team for further advice.

Contact details for allergy team

Allergy Nurses: **020 3299 5892**

Allergy Dietitians: **020 3299 4434**

References

LEAP study: www.leapstudy.co.uk

National Institute of Allergy and Infectious Diseases: Addendum Guidelines for the Prevention of Peanut Allergy in the United States.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: kch-tr.pals@nhs.net

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: kch-tr.palskent@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.