

Food Protein-Induced Allergic Proctocolitis (FPIAP)

What is FPIAP?

FPIAP is a delayed allergic response of the gut to certain protein triggers in the food of your baby.

It has a completely different mechanism than the life-threating allergic condition called anaphylaxis. Symptoms usually start at 1-4 weeks of age and range from having blood, with mucous in bowel movements, to blood stained loose stools or diarrhoea. Infants with FPIAP are usually otherwise healthy and growing well.

What are the causes of FPIAP?

The main protein triggers of FPIAP are cow's milk protein or soy protein either in breastmilk or baby formula. In rarer occasions, eggs and corn protein might trigger the condition.

How is the diagnosis of FPIAP confirmed?

Confirmation of the diagnosis is based on:

- Resolution of symptoms once the offending food/s are eliminated from the breastfeeding mother's and/or
 infant's diet.
- After symptoms have resolved, the dietician might reintroduce the offending food/s cautiously to confirm the diagnosis.

Are skin tests or blood tests helpful in diagnosing FPIAP?

No, allergy tests (skin tests or blood tests) are not useful for infants with FPIAP.

How can I help my child if they are suspected to have FPIAP?

- If your child is breastfeeding:
 - Cow's milk and all dairies should be removed from your diet including butter (a dietitian may be required to assist). Most cases resolve within 48-72 hours (maximum 2 weeks).
 - If symptoms do not resolve, further changes to your diet should only be made after seeking medical advice.
- If your child is formula-fed:
 - An extensively hydrolysed formula (EHF) is recommended with an expected response within 3-7 days, (maximum 2 weeks). If there is no response, an amino acid-based formula (AAF) may be prescribed.

Does FPIAP mean that my child will suffer milk allergy for the rest of their life?

No, FPIAP is a transient condition. 50% of infants will grow out of FPIAP by the age of 6 months, and 95% by the age of 9 months. It is generally recommended to reintroduce the offending food/s to the mother's or infant's diet after it has been eliminated for 6 months or at 12 months of age. For infants who have more severe symptoms, gradual introduction of the offending food/s is recommended.

How can a breastfeeding mother ensure nutritional adequacy if cow milk is eliminated from her diet?

- Maternal calcium requirements during breastfeeding are 1,000mg/day. It is advised to drink 600-800ml per
 day of a calcium fortified dairy alternative milks. Calcium enriched dairy alternative including cheese and
 yoghurt can be used as well or as alternatives once the recommended amount of calcium is consumed.
- Milk replacements include:
 - Soy (unless the mother has been asked to avoid it or the baby also reacts to it), rice, almond, and oat milk. A calcium supplement may also be recommended if this quantity of milk replacement is difficult to consume daily.
 - o If **nut, grain, or coconut milk substitutes** are used instead of the above, an additional serve of protein should be eaten daily, and a multivitamin containing Vitamin B2 (riboflavin) should be taken.
- To prevent excessive weight loss, supervision by a dietitian might be needed to ensure nutritional adequacy.