

Feeding Your Child with FPIES

Types of FPIES?

Acute: Repetitive prolonged vomiting that occurs approximately 1-4 hours after consuming the acute FPIES food trigger(s). Symptoms often include decreased activity and paleness and sometimes diarrhea can follow these symptoms.

Chronic: Most commonly occurs in response to cow's milk & soy. With elimination of the chronic FPIES food trigger(s), symptoms resolve. When the food is attempted again it will cause an acute FPIES reaction within 1-4 hours.

Common Food Triggers with FPIES

The food or foods that affect children with FPIES vary from child to child. Many infants/children are allergic to just one or two food while others may be allergic to multiple foods. Common food triggers in infants and children include milk, soy, rice, oat. Sometimes, children with FPIES can also have the type of food allergy that causes anaphylaxis.

If I am breastfeeding do I need to avoid the food that my infant/child is allergic to?

Not necessarily. While your child should avoid eating the food, it may be okay for you to continue to eat the food while breastfeeding. Speak to your doctor for specific instructions.

Formula Supplementation:

If you are breastfeeding and would like to supplement with formula your doctor or dietitian may recommend an amino acid-based formula that is free of milk and soy.

Accidental Exposure to Trigger Foods:

If your child accidentally eats an FPIES trigger food or if they have an FPIES reaction to a new food, refer to their individualized FPIES Allergy Action Plan made by their provider. Some management plans may recommend ondansetron (Zofran) to help treat vomiting. Talk to your child's allergist to see if this is appropriate for your child and for more information on the management of FPIES reactions. *If your child experiences different symptoms such as rash, swelling, trouble breathing, this may be another type of reaction and you should seek medical attention immediately.*

Introducing Complimentary Foods

Age	Texture	Examples
0-4 months	Breastfeeding (8-12+ feedings/day) Iron-Fortified Formula (14-42 oz/day)	
4-6 months	Breastfeeding (5 or more feedings/day) Iron-Fortified Formula (26-39 oz/day) Smooth stage 1 or 2 baby foods	Stage 1: Watery puree of a single ingredient Stage 2: Thicker, smooth textures, a blend of two or more ingredients (strained or mashed)
6-8 months	Breastfeeding (3-5 feedings/day) Iron-Fortified Formula (24-32 oz/day) Homemade purees (smooth not lumpy)— No mixed texture/stage 3 baby foods	Quinoa flakes mixed into hot cereal, iron fortified cereal, pureed fruits, pureed vegetables, pureed meats
6-9 months (or when baby can hold head up)	Breastfeeding (3-5 feedings/day) Iron-Fortified Formula (24-32 oz/day) Crunchy, dissolvable solids* Beginner table foods/soft, mashable foods	Freeze dried fruit, puffed quinoa, puffed millet, CheeCha Puffs, Kix cereal, canned peaches and pears, ground beef, soft, cooked/steamed vegetables (broccoli, cauliflower, squash)
9-12 months (or when your baby brings hands to mouth)	Breastfeeding (3-4 feedings/day) Iron-Fortified Formula (24-32 oz/day) Intermediate table foods (can be mixed texture if your baby can chew) Continue crunchy dissolvable solids and soft mashable foods	Quinoa based cold cereals, wheat pasta, corn pasta, quinoa pasta, meatballs made from lamb or beef, roasted potatoes, quartered grapes, ripe cut fruit (strawberries, blueberries, peach, watermelon)

***What is a dissolvable solid?** These foods dissolve easily in the mouth with minimal chewing. Stick-shaped works best for lateral placement on the molar chewing surface.

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What Foods Should I Introduce to my Infant/Child and When?

- Since different infants/children with FPIES react to different foods, recommendations for food introduction and order will vary based on your child's reaction history.
- If your child is not yet eating foods containing milk, soy, rice, or oat do not introduce these foods to your infant/child without input from your medical team.
- Conversely, if your child is eating and tolerating foods in the high-risk column then continue to include those foods in your child's diet.

Food Group	Less common	More common
Vegetables	Broccoli, cauliflower, parsnip, pumpkin, cucumber, carrot, squash, white potato, string bean	Sweet potato, pea
Fruits	Blueberry, peach, plum, prune, strawberry, watermelon, apple, pear, orange, coconut	Banana, avocado
Proteins/Fats	Tree nut and seed butters# (almond butter, sunflower seed butter, tahini), coconut oil, beef**, peanut butter, legumes ** (other than pea and soy)	Milk, soy , chicken**, turkey**, eggs, fish**
Grains/Grain like foods	Millet, quinoa (flakes can be made into hot cereal), buckwheat, rye, amaranth, sorghum, corn, corn grits **, wheat, cream of wheat**, barley, white potato	Rice, oat

NOTE: The most common FPIES trigger foods are bolded in the table above.

** Iron and zinc rich or fortified foods. Breast fed infants should be introduced to iron and zinc rich foods at 6 months of age.

Nut and seed butters should be thinned with water and added to purees for younger infants.

The above table has been adapted from the International FPIES consensus guidelines and clinical experience. Remember each child's table will be individualized with the help of your doctor and registered dietitian.

New Food Trials

Communicate with your provider and dietitian for specific food introduction instructions. If a child has multiple past reactions, a slower approach may be necessary, such as the example to the right:

Day 1	Day 2	Day 3	Day 4
Introduce a pea-sized amount of new food	Give double the amount of new food given on Day 1 (2 pea-sized)	Give double the amount of new food given on Day 2 (4 pea-sized)	For the next 2-4 days, keep doubling the amount of new food each day until you reach an appropriate serving size**.

** An age-appropriate serving size for an infant is about 1-4 oz, with 1-2 oz being the normal, especially with picky eaters.

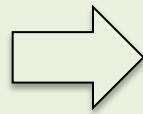
What about Vitamins?

If your infant is breastfed, a vitamin D supplement is recommended (400 IU per day). If your infant is breastfed, he/she may need an iron and zinc-containing vitamin by 4-6 months of age. If your infant/child is only eating a few foods, they may require a multivitamin

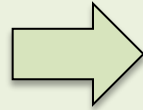
Problems with Eating and Drinking or "Oral Aversion"

Oral aversion is reluctance, avoidance or fear of eating or drinking multiple foods or beverages. Some children with FPIES may develop aversions to foods. It is ok if your infant/child is only eating a few foods. With the help of your dietitian (and, if needed, a feeding therapist) you can slowly expand your infant/child's diet. Try to offer various age-appropriate textures of the foods tolerated by your infant. Prepare loved and tolerated foods in a variety of different ways (mashed, fried, cubed, fry shape, etc.)

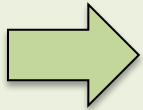
Substitutions for Meals and Snacks



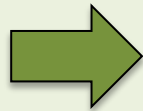
Kix or Puffed Millet Cereal



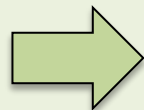
Peaches with Almond or Cashew Butter



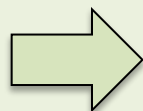
Almond or Coconut Based Yogurt with Berries



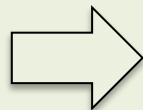
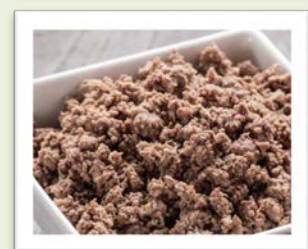
Cauliflower Rice or Quinoa



Pumpkin



Zoodles or Spaghetti Squash



Ground lamb