

## Dairy sensitivities in breastfed babies

### Is my baby lactose intolerant?

If your baby is sensitive to dairy products it is *highly unlikely* that the problem is lactose intolerance, although many people may tell you so.

There are three types of lactose intolerance:

1. Primary lactose intolerance
2. Congenital lactose intolerance
3. Secondary lactose intolerance

**Primary lactose intolerance** (also called developmental, late-onset, or adult lactose intolerance) is relatively common in adults and is more common in some nationalities than others. It is caused by a slow decrease in the body's production of lactase, the enzyme that breaks down lactose (milk sugar). This occurs gradually, over a period of years, and never appears before 2-5 years old and often not until young adulthood. Almost all adults who are lactose intolerant have this type of lactose intolerance, which is **not** related to lactose intolerance in babies.

**Congenital lactose intolerance**, congenital lactase deficiency and galactosemia are rare inherited metabolic disorders—not allergies—where dietary lactose must be limited or completely avoided. These disorders are normally apparent within days of birth and are characterized by symptoms such as diarrhea, vomiting, malabsorption and failure to thrive.

Some *premature* babies have a temporary form of lactose intolerance because their bodies are not yet producing lactase. This will go away as baby matures—the maturation process is actually accelerated by baby's ingestion of lactose.

**Secondary lactose intolerance** (also called acquired lactose intolerance) can appear at any age and occurs when the intestinal brush border is damaged by an infectious, allergic or inflammatory process, thus reducing lactase activity. Causes of secondary lactose intolerance include gastroenteritis, food intolerance or allergy, celiac disease (gluten intolerance), and bowel surgery.

Per Joy Anderson, IBCLC (in *Lactose intolerance and the breastfed baby*):

*"Anything that damages the gut lining, even subtly, can cause secondary lactose intolerance. The enzyme lactase is produced in the very tips of folds of the intestine, and anything that causes damage to the gut may wipe off these tips and reduce the enzyme production.*

*"...Secondary lactose intolerance is a temporary state as long as the gut damage can heal. When the cause of the damage to the gut is removed, for example the food to which a baby is allergic is taken out of the diet, the gut will heal even if the baby is still fed breastmilk."*

Although cow's milk protein sensitivity and lactose intolerance are not the same thing, they can sometimes occur *at the same time*, since food allergy can cause secondary lactose intolerance.

### Sensitivity to cow's milk proteins

Breastfed babies who are sensitive to dairy in mom's diet are sensitive to specific cow's milk antibodies, in the form of *proteins* (not lactose), which pass into the mother's milk. Cow's milk (either in the mother's diet or engineered into formula) is a common source of food sensitivity in babies. Cow's milk sensitivity or allergy can cause colic-like symptoms, eczema, wheezing, vomiting, diarrhea (including bloody diarrhea), constipation, hives, and/or a stuffy, itchy nose.

If your baby is sensitive to dairy in your diet, it will not help to switch to lactose-free dairy products. The problem is the cow's milk proteins, not the lactose. Cooking dairy products may reduce but will not eliminate the allergens.

A significant percentage of babies with cow's milk protein allergy will also react to soy. Most dairy-allergic babies will also react to goat's milk or sheep's milk. Some will also react to beef.

If you think that your baby may be sensitive to dairy products in your diet, remember that it can take 10 days to 3 weeks to eliminate cow's milk protein from your system—allow a full 2-3 weeks of dairy elimination before evaluating the results.

If your baby is only a little sensitive to dairy proteins, you may be able to relieve baby's symptoms by eliminating only the *obvious* sources of dairy (milk, cream, yogurt, butter, cheese, sour cream, ice cream, cottage cheese, etc.); you may even be able to eat small amounts of dairy without it affecting baby.

If your baby is highly allergic, it will be necessary to eliminate *all* sources of dairy proteins, which requires a careful reading of food labels.

If you've cut out dairy because your breastfed baby is sensitive to cow's milk proteins, you may be able to phase it back in after a few months. Many dairy-sensitive babies outgrow their sensitivity by 6-18 months, and most outgrow it by 3 years.

If you reintroduce dairy into your diet and baby reacts, cut out dairy products again for at least another month. If baby's allergy to cow's milk protein via breastmilk is severe, it's best to wait at least 6 months before trying to reintroduce dairy. For allergic babies, avoiding the allergen makes it less likely that baby will develop a lifelong or life threatening allergy.

For more information and references, see [www.kellymom.com/nutrition/](http://www.kellymom.com/nutrition/)

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