peanut allergies

Food allergies can affect children and adults, and may be becoming more common. They can be severe and even life-threatening. Research suggests that peanut allergies can be prevented by introducing peanut-containing foods starting in infancy.

instructions for home feeding of peanut protein for infants at low-risk of an allergic reaction Talk with your doctor about any questions that you have before starting. These instructions are meant for feeding infants who:

- Have severe eczema or egg allergy
- Were allergy tested (blood test, skin test, or both)
- Are low risk of allergy This means your doctor reviewed your child's test results and considers it to be safe for you to introduce peanut protein at home

general instructions

- Feed your infant only when they are healthy. Do not do the feeding if they have a cold, vomiting, diarrhea or other illness.
- Give the first peanut feeding at home, and not at a daycare or a restaurant.
- Make sure at least one adult will be able to focus all of their attention on the infant, without distractions from other children or household activities.
- Make sure you will be able to spend at least two hours with your infant after the feeding to watch for any signs of an allergic reaction.

feeding your infant

- 1. Prepare a full portion of one of the peanut-containing foods from the recipe options below.
- 2. Offer your infant a small part of the peanut serving on the tip of a spoon.
- 3. Wait 10 minutes.
- 4. If there is no allergic reaction after this small taste, slowly give the remainder of the peanut-containing food at the infant's usual eating speed.



what are symptoms of an allergic reaction? what should I look for?

- Mild symptoms can include:
 - A new rash or
 - A few hives around the mouth or face
- More severe symptoms can include any of the following alone or in combination:
 - Lip swelling
 - Vomiting
 - Widespread hives (welts) over the body
 - Face of tongue swelling
 - Any difficulty breathing
 - Wheezing
 - Repetitive coughing
 - Change in skin color (pale, blue)
 - Sudden tiredness/lethargy/seeming limp

If you have any concerns about your infant's response to peanut, seek immediate medical attention or call 911.

four recipe options, each containing about 2 g or peanut protein

option 1: peanut puff products, 21 pieces (about 2 g of peanut protein)

- 1. For infants younger than seven month old, soften the peanut puffs with four to six teaspoons of water.
- **2.** For older infants who can manage dissolvable textures, you can give peanut puffs as they are. If dissolvable textures are not yet part of the infant's diet, feed softened peanut puffs.

option 2: thinned smooth peanut butter, 2 teaspoons (9-10 g of peanut butter; about 2 g or peanut protein)

- 1. Measure 2 teaspoons of peanut butter and slowly add 2 to 3 teaspoons of hot water.
- 2. Stir until peanut butter is dissolved, thinned and well-blended.
- Let cool.
- 4. Add more water if needed (or add infant cereal if your child tolerates it) to get the consistency best for your child.

option 3: smooth peanut butter puree, 2 teaspoons (9-10 g of peanut butter; about 2 g of peanut protein)

- 1. Measure 2 teaspoons of peanut butter.
- 2. Add 2-3 teaspoons of pureed tolerated fruit or vegetables to peanut butter. Add more of less puree to get the consistency best for your child

option 4: peanut flour and peanut butter powder, 2 teaspoons (4 g of peanut flour or 4 g of peanut butter powder, about 2 g of peanut protein)

Note: Peanut flour and peanut butter powder are two different products. They have a very similar peanut protein content, so they can be used similarly.

- 1. Measure 2 teaspoons of peanut flour or peanut butter powder.
- 2. Add about 2 tablespoons (6-7 teaspoons) of pureed tolerated fruit or vegetables to flour or powder. Add more or less puree to get the consistency best for your child.

Content adapted from "Addendum guidelines for the prevention of peanut allergy in the United States: Report of the National Institute of Allergy and Infectious Diseases-sponsored expert panel." Togias et.al., 2017. Reviewed by Dayton Children's experts in May 2022.

This handout is for general information only and should not be considered complete. For more specific information, please ask your child's health care provider.

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