Introduction

Food allergy diagnosis requires the determination of a causal relationship between the improvement of symptoms after commencing a strict avoidance diet for a suspected food protein followed by the return of these symptoms on food challenge (1). The incidence of food allergy in exclusively breastfed infants, with symptoms of eczema, colic, diarrhoea and vomiting, is approximately 0.5% (2,3). For the treatment of these breastfed infants there is a consensus from both European and American expert committees that a trial of maternal dietary restriction should be undertaken (1,4).

Strategies to prevent food allergy in infants who are at high risk because of a strong atopic family history are controversial. Most recommendations include exclusive breastfeeding or use of a formula with confirmed reduced allergenicity for at least four to six months and not introducing solid foods before five to six months of age (1,4,5). The use of maternal dietary restriction during lactation to treat food allergy in breastfed infants led to the hypothesis that maternal dietary restriction during lactation may also prevent the development of food allergy in breastfed infants. The American Academy of Pediatrics, Committee on Nutrition (4) has recommended that mothers of high risk infants should eliminate peanuts and tree nuts, and also consider eliminating eggs, cow’s milk and fish from their diets while breastfeeding. However some regard this approach as experimental (5).

In this paper we review current Australian dietetic practice and systematically examine the research regarding the use of maternal dietary restrictions to treat and prevent food allergy in breastfed infants.