

Letter to the Editor

Case of Possible Allergy to Breastmilk

Karleen Hill and Sema Hart

THE FOLLOWING is a clinical report of a woman who stated her babies were allergic to her milk.

The mother is a 23-year-old married gravida 2 para 2 woman with a 1-day-old baby who was a full-term 3,210-g boy. The infant was delivered by normal spontaneous vaginal delivery. The mother initially pumped the breast for stimulation as the baby spent a few hours in the Neonatal Intensive Care Unit because of transient grunting. Within 8 hours she put the baby to the breast, and the baby vomited and lost "more than just a spit up." The baby had breastfed well and had sustained suckling. At the second attempt to feed, the baby again vomited. The mother then gave formula, which was not followed by vomiting. By the ninth feeding of life, six had been breastfeedings, and all six were followed by vomiting. The three feedings that were of formula were well tolerated by the baby, and there was no vomiting. The baby was also reported to have a facial rash after breastfeeding but not after the formula feeding. On day 2 the mother was convinced her milk was harming her baby because of the rash and the vomiting and that her baby was allergic to her milk. Her mother and sister, who were also present at the time, reported that they were also unable to breastfeed because of a "breast milk allergy." She also remembers that her first son now 4 years old had trouble keeping her milk down. Thus the patient, her sister, and her mother had all attempted breastfeeding but discontinued in the first week or two, because the infants were "allergic to their milk."

On consultation with a lactation consultant the following observations were made of the breastfeeding. The mother was laying flat, and the breast was draping over the baby. The mother had a very strong milk ejection reflex so milk

poured easily into the baby. A rash was noted to develop on the face in this position as the breast lay over the baby's face. The consultant repositioned the mother in a more upright position and recommended elevating the baby into a more vertical football hold so that gravity would not permit such a fast flow. The mother was informed to be prepared to break the suction if the baby was gulping too quickly, but this was not necessary. It was noted that when the baby was held in the vertical position the rash did not occur on the face as the breast was not overlaying the face.

The lactation consultant also took a few drops of the mother's milk and placed it on the left forearm of the infant and allowed it to dry there. Follow-up to this spot on the arm produced no skin reaction, no rash, no redness, no welts, and no reaction.

The mother was very encouraged to see that she could prevent the vomiting by repositioning her baby and slowing down the flow of milk. She was equally pleased to notice that her baby was not allergic to her milk and did not develop a rash when milk was placed on the skin.

The mother continued to breastfeed the baby while in the hospital and was discharged exclusively breastfeeding. The infant had no further vomiting or rash.

Address reprint requests to:

Sema Hart, M.D.

*University of Rochester School of Medicine
Strong Memorial Hospital Birthing Center
601 Elmwood Avenue, Box 777
Rochester, NY 14642*

E-mail: Sema_Hart@urmc.rochester.edu

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