First tastes

A family guide to weaning when food allergy is a concern



Belfast Children's Clinic

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Which starting point fits my baby?



My baby is ready for first foods

Most babies can begin around six months. Look for three skills together: sitting with a steady head, reaching for food and bringing it to the mouth, and swallowing it. If your baby was premature or struggles to swallow, ask your health visitor or paediatrician about timing.

My baby has eczema or a diagnosed food allergy

Ask for advice early, especially if eczema began in the first three months or is moderate to severe. Some babies benefit from introducing well-cooked egg and then peanut earlier, once ready for solids. Agree a plan with your clinician. Never start solids before four months.

My baby has already reacted to a food

Leave that food out and ask your GP or allergy team what to do next. Continue foods your baby already eats comfortably. A home taste to check whether a reaction happens again can be unsafe.

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Nursery sheet, p9 • Food diary, p10 • Emergency card, p16

The first few meals



Choose a time when your baby is awake and comfortable. Sit together so you can see their face and respond to their cues.

Start small and let your baby set the pace

Try a little mashed vegetable on a spoon, or a soft piece they can hold. Let them reach or open their mouth for more. Turning away or closing their mouth is a good place to stop. You can offer the food another day.

Move on as their skills grow

Offer mashed and lumpy foods and soft finger foods. Cook vegetables until easily squashed between finger and thumb. Keep your baby upright and stay within reach. Avoid whole nuts, hard raw carrot, spoonfuls of nut butter and whole grapes.

Milk feeds continue

Breast milk or infant formula remains the main drink until age one. If your baby uses a prescribed formula, follow their feeding plan. Offer sips of water from an open cup with meals.

Gagging is usually noisy. A choking baby may be silent and unable to breathe or cough effectively. Shout for help, start infant choking first aid and have someone call 999. See the NHS first-aid guide on p15.

One new food at a time



This example is for a baby ready for solids who has already managed familiar foods. Follow any individual advice about supervised introduction.

Choose a familiar base

For a first taste of peanut, use a mash your baby already enjoys. Check that the smooth peanut butter contains no other new allergens. Pick a day when your baby is well and you have time to stay with them.

Offer a small taste by mouth

Thin a little smooth peanut butter with warm water, stir it through the mash and allow it to cool. Offer a small spoon-tip taste. If your baby is comfortable and wants more, gradually offer more. Rubbing food on the skin cannot tell you whether it is safe to eat.

Watch, then plan another meal

Stay nearby over the next two hours. If symptoms appear, stop that food and turn to p7. Some symptoms take longer. Once your baby has eaten the food comfortably, include it regularly in meals they enjoy.

A familiar food makes a useful base. If both milk and peanut are new to your baby, try them on different occasions so you can tell which food was involved if symptoms occur.

First tastes by food



Choose one new allergen per occasion. Use a texture your baby already manages and check every ingredient in mixed foods.

Egg	Mash fully cooked egg with a little familiar vegetable purée.
Peanut	Thin smooth peanut butter and mix it into a familiar mash. Avoid sticky lumps.
Tree nuts	Try one named nut at a time, such as smooth almond butter thinned into porridge.
Cow's milk	Offer plain pasteurised full-fat yoghurt, or milk cooked into food, if milk is suitable for your baby.
Wheat	Try a little plain wheat cereal softened well with your baby's usual milk.
Sesame	Thin smooth tahini and stir it into a familiar purée. Hummus can contain other new ingredients.
Soya	Mash plain soft tofu into a familiar vegetable.
Fish or shellfish	Flake fully cooked fish, checking for bones. On a separate occasion, finely mince fully cooked shellfish.

Three meals to build on



Use ingredients your baby already tolerates. If one ingredient is new, keep the rest familiar. Adjust the texture to suit your baby.

Breakfast / Pear porridge

Simmer oats in water until soft. Mash in ripe pear and loosen with your baby's usual milk if needed. Once peanut is familiar, a little thinned smooth peanut butter can become part of this breakfast.

Lunch / Carrot and lentil mash

Simmer peeled chopped carrot and rinsed red lentils in water until both squash easily. Mash together, add a little vegetable oil and loosen with cooking water. Lentils provide iron as your baby begins to rely more on food.

Dinner / Potato and fish

Cook plain potato and mash with a little water or usual milk. Fold in fully cooked, finely flaked salmon after checking for bones. If fish is new, keep potato and any other ingredients familiar.

Take your baby's portion out before adding salt or stock cubes to the family meal. Cool it before serving. Avoid honey until after the first birthday.

Common allergy symptoms



Symptoms that may start within minutes to two hours

- Raised, itchy patches or hives on the skin.
- Swelling around the lips, face or eyes.
- Itchy, red or watery eyes; sneezing or a runny nose.
- Vomiting, tummy pain or diarrhoea.

Call 999 for difficult or noisy breathing, sudden persistent cough or wheeze after food, tongue or throat swelling, or a pale, floppy or unresponsive baby. Give prescribed adrenaline immediately. A rash may be absent. See p16.

Symptoms that can appear hours or days later

Eczema flares, ongoing vomiting, diarrhoea or constipation, and blood or mucus in stools can occur with delayed food allergy. These symptoms also have other causes. Discuss persistent symptoms with your GP and keep a food diary.

What to do if symptoms appear

Stop the suspected food and stay with your baby. Follow their allergy action plan and seek medical advice before offering it again. Seek urgent advice if your baby is unwell, feeding poorly or passing fewer wet nappies.

Repeated vomiting one to four hours after food

This can be a delayed allergy called FPIES. Seek urgent assessment. Call 999 if your baby becomes very pale, floppy, hard to wake or seriously unwell. Avoid the suspected food until reviewed.

If milk is the concern



Keep a suitable milk feed in place

Continue breastfeeding if you wish. Ask for advice before removing dairy from your own diet. If your formula-fed baby may have cow's milk protein allergy, ask your GP or dietitian about a suitable specialist formula.

Check the replacement

Standard lactose-free cow's milk formula still contains milk protein. Goat's milk formula is also unsuitable for cow's milk allergy. Oat, almond and other plant drinks cannot replace breast milk or infant formula as the main drink before one.

Make a plan to check the diagnosis

With suspected mild delayed milk allergy, your clinician may suggest a time-limited exclusion followed by planned reintroduction. Ask what improvement to look for, when to review and how your baby's growth and calcium intake will be checked.

A milk ladder is a stepwise way to try milk in different forms. Use one only when your team advises it for your child. A previous immediate reaction, breathing symptoms or suspected FPIES needs specialist advice before trying milk again.

A note for nursery or grandparents



Fill this in together. Give each carer the current allergy action plan and show them where the medicines are and how to use them.

Child’s name and date of birth

Foods to avoid (include any agreed exceptions)

Foods and meals my child already enjoys

Action plan and medicines are kept here

Parent or carer’s name and phone number

Check the ingredients each time, even for a familiar brand. Follow the child’s plan for “may contain” warnings. Wash hands and use clean utensils and surfaces. Agree with parents before offering a new allergen.

COPY FOR EACH NEW FOOD

Our food diary



A short account helps your clinician decide what to do next. Keep the packet or take a photo of the ingredients if you can.

Date, time and food offered

Ingredients, preparation and amount eaten

What I noticed (or “no symptoms”) and when it began

How long it lasted and how my baby seemed

Action taken, medicine given and response

Advice received and the next agreed step

Get emergency help first if your baby has severe symptoms.

Common food allergens



These foods often feature in infant allergy assessments. Introduce suitable forms one at a time, following your baby's individual plan.

Cow's milk	Milk, yoghurt, cheese and milk-containing foods.
Egg	Hen's egg and foods made with egg.
Peanut	Peanut butter and ground peanuts.
Tree nuts	For example almond, hazelnut, cashew, walnut, pecan, pistachio, Brazil nut and macadamia.
Wheat	Bread, pasta and wheat cereals.
Soya	Tofu, soya yoghurt and soya-containing foods.
Sesame	Tahini and many types of hummus.
Fish	For example salmon, cod and tuna.
Shellfish	Crustaceans such as prawns and crab, and molluscs such as mussels and squid.

Use baby-safe textures. Whole nuts and thick spoonfuls of nut butter are choking hazards. See p5 for serving ideas.

The 14 labelled allergens



UK food labels highlight these allergens when used as ingredients. Read the full ingredients list every time.

Celery	Cereals containing gluten
Crustaceans	Eggs
Fish	Lupin
Milk	Molluscs
Mustard	Tree nuts
Peanuts	Sesame
Soya	Sulphur dioxide / sulphites

A few details that help

Gluten-containing cereals include wheat, rye, barley and oats. Sulphites must be declared above 10 mg/kg or 10 mg/litre. Other foods can also cause reactions, including foods outside this list.

“May contain” warns about possible unintended traces. Ask your allergy team how to handle these warnings for your baby.

Source · GOV.UK allergen labelling guidance

Learning together



Explore at your baby's pace

Touching, smelling and tasting are all part of learning. Keep portions small, allow pauses and offer familiar foods alongside new experiences.



Share the plan

Help every carer feel prepared. Talk through safe foods, your baby's cues and what to do if a reaction happens.

Colour on the plate



Build from familiar ingredients

Try the meal ideas on p6 using ingredients your baby already tolerates. Offer different vegetables and gradually develop textures as feeding skills improve.



Prepare safely

Wash produce, cook hard vegetables until soft and check for stones, pips and bones. Stay beside your baby while they eat.

Where to get help



Belfast Children's Clinic

Dr Mugilan Anandarajan can review the reaction history, advise whether targeted skin prick or blood tests would help, and discuss an allergy action plan. A paediatric dietitian can help with suitable alternatives and planned reintroduction.

belfastchildrensclinic.com
Kingsbridge Private Hospital · 028 9066 7878
Ulster Independent Clinic · 028 9066 1212

Sources for parents and carers

Select a title in the digital copy. The Allergy UK pack provided the starting point for this independently written clinic booklet.

NHS · Your baby's first solid foods
NHS · Food allergies in babies and young children
BSACI and BDA · Early feeding guidance
NHS · How to stop a child from choking
NHS · Anaphylaxis
NELFT NHS · Milk allergy information
Allergy UK · FPIES and complementary feeding
Allergy UK · Weaning your food allergic baby

Suspected anaphylaxis

Act immediately if your baby has any of these signs

Swollen tongue or throat, difficult or noisy breathing, a persistent sudden cough or wheeze after food, collapse, or becoming floppy or hard to wake. A severe reaction can happen without hives.

1. Give the prescribed adrenaline auto-injector immediately, into the outer thigh, using the device instructions.
2. Call 999 and say "anaphylaxis". If someone is with you, ask them to call while you give adrenaline. If no injector is available, call 999 immediately.
3. Lay your baby flat. Avoid holding them upright over your shoulder. If breathing is difficult, gently raise their shoulders. If unconscious but breathing, place them on their side.
4. If symptoms have not improved after five minutes, give a second auto-injector if available. If your baby stops breathing normally, start CPR and follow the call handler's instructions.

Antihistamine cannot treat anaphylaxis. Your baby needs ambulance assessment even if they improve.



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