

Dietetic infant feeding service leading to improvements in pathways, patient care, waiting times, and overall diagnosis and management of cow's milk allergy (CMA) and infant feeding problems.

Rotherham Dietetic Infant Feeding service:

Commissioned by Rotherham CCG in 2020

Dietetic led service – 0.8WTE band 7 Dietitian, 0.6WTE band 4 Dietetic Assistant

Referrals accepted from GP's and 0-19 service for infants with suspected cow's milk allergy (CMA) or gastro-oesophageal reflux disease (GORD)

Referral pathways developed using NICE/iMAP guidelines

Supported by ICB, Prescribing Lead Dietitian, Dietetic Prescribing co-ordinator, Dietetic Admin staff

AIMS

- Provide standardised and improved quality of care
- Reduce waiting time for infants suspected as having CMA
- Reduce the burden on GP and secondary care services
- Appropriate prescribing of specialised infant formula for CMA
- Reduce cost to CCG (ICB)
- Reduce medicalisation of infants with common infant feeding problems

WHAT DO WE DO?

- Detailed infant feeding assessment
- Provide a working diagnosis – CMA/GORD/other
- Follow Dietetic pathways to support diagnosis and treatment advice in line with national guidance for CMA and GORD.
- Discussion with parent/carer regarding possible diagnosis and treatment options so they can make an informed decision
- Support breast feeding and refer to 0-19 service for assessment and advice if required
- Appropriate prescribing of specialised infant formula for cow's milk allergy
- Provide close monitoring to those we prescribe for, including support to confirm/rule out the diagnosis of CMA, dairy free weaning support and advice on re-introduction of dairy around 1 year of age
- Provide easy access to ongoing dietetic support and advice

WHAT ELSE DO WE DO?

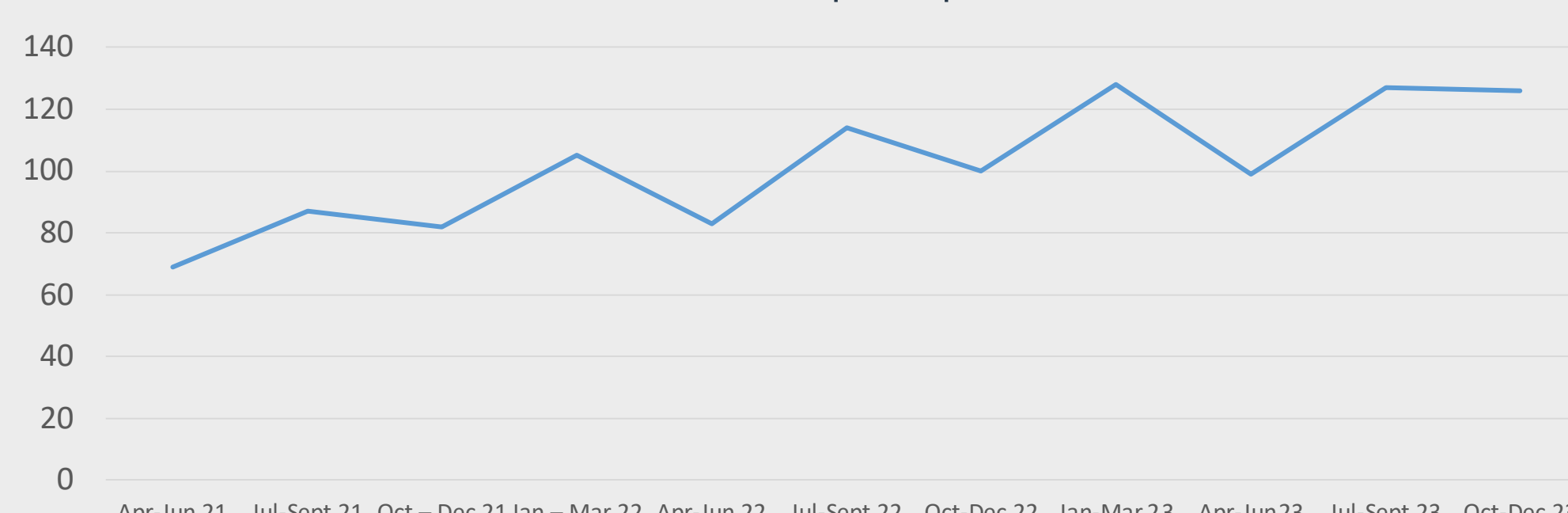
- Organise blood test if immediate (IgE mediated) cow's milk allergy is suspected
- Direct referral to secondary care for suspected IgE mediated allergy to cow's milk/other food allergens
- Liaise with SCH allergy service for advice and support regarding more complex food allergic infants with referral if indicated
- Refer directly to 0-19 service for breast feeding assessment/tongue tie assessment
- Prescribe specialised infant formulas for CMA with ongoing monitoring
- Carobel may be prescribed if suspected GORD if feeding strategies and anti reflux formula is unsuccessful or GORD in combination with CMA.
- We DO NOT prescribe other treatments for GORD such as Infant Gaviscon or PPI medication and will refer back to the GP if further GORD treatment is required

ACHIEVEMENTS

- Average waiting time from referral date to initial Dietitian assessment = 8 days (Audit data 2022).
- Reduced GP referrals to secondary care. It is quicker to refer to the Infant Feeding Dietitian than to a Paediatrician rapid access clinic in secondary care.
- Minimising over diagnosis of CMA
- Expert advice in a timely manner – reduction in parental anxiety, reduced time of suffering to infant, shorter time to diagnosis of CMA, reduced medicalisation of common infant feeding problems.
- No increase in spend on specialised infant formula despite the increase in referral number and the increase in cost of prescribed formulas.
- Reduced GP contacts for infant feeding problems.

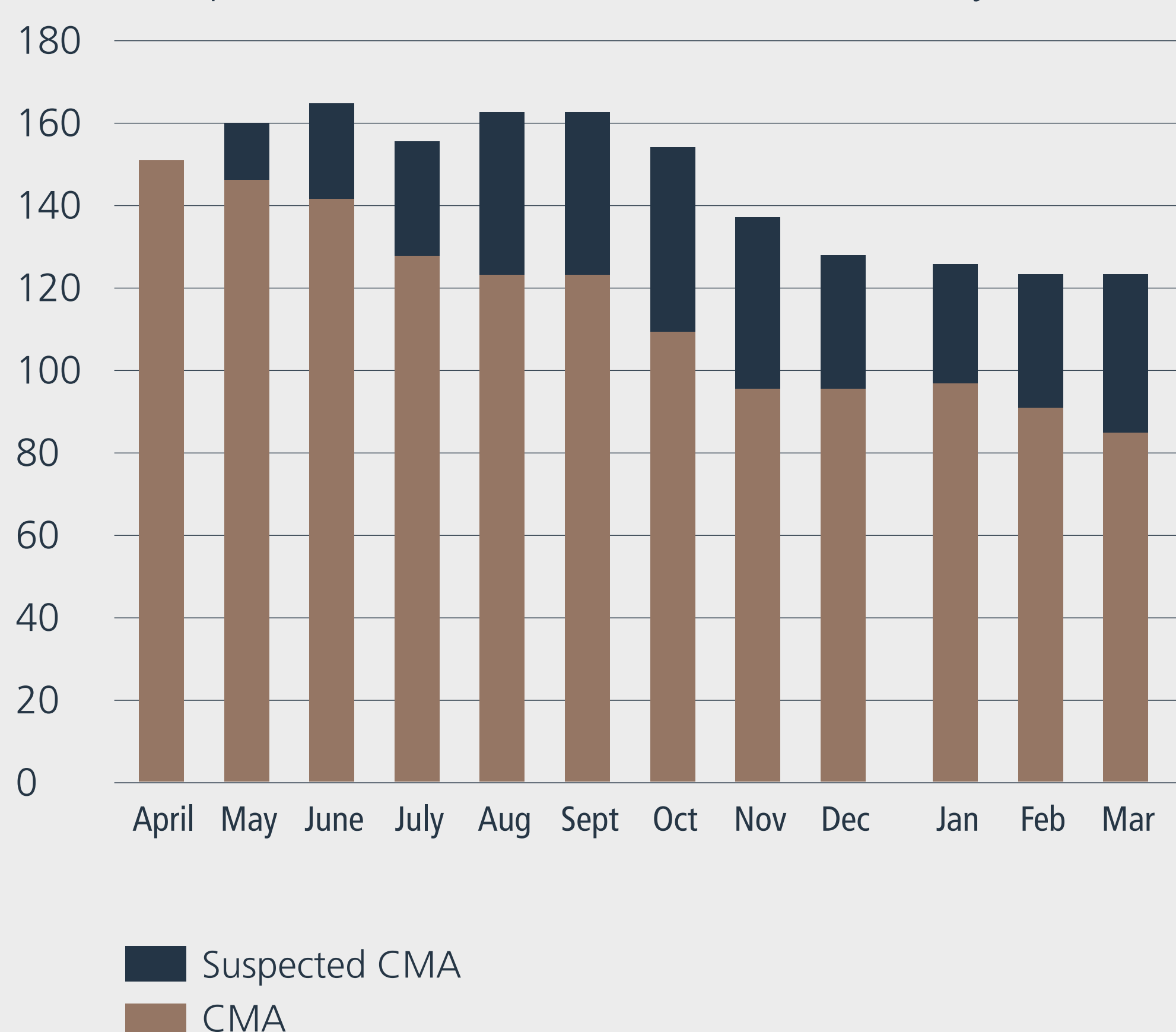
A graph to show the total number of referrals received each quarter:

Up to 1 in 5 Rotherham infants are referred to the service per quarter



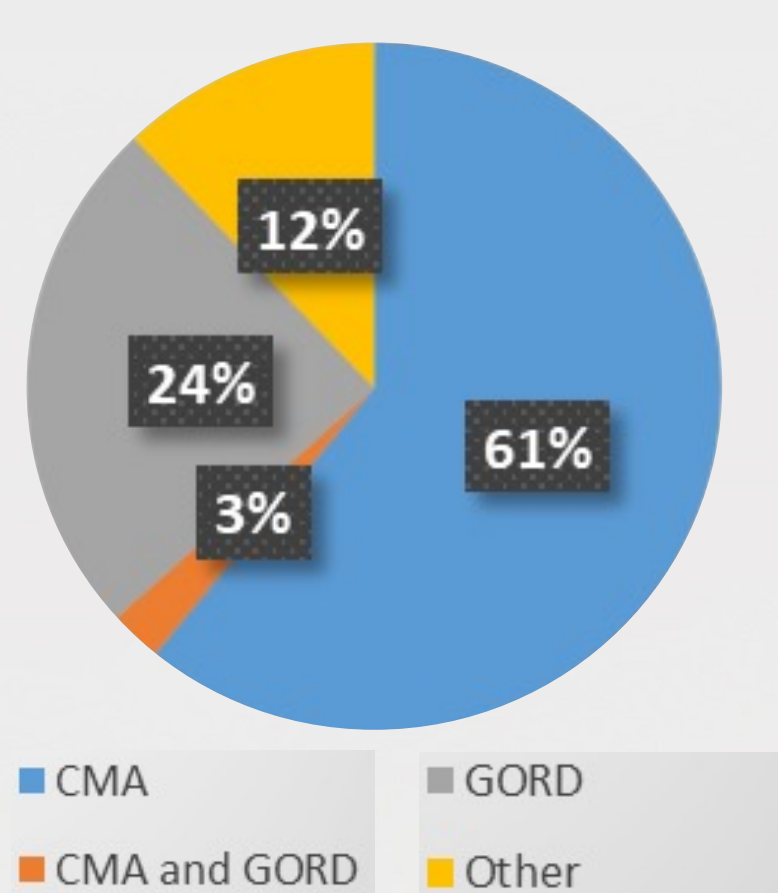
Number of infants with CMA/suspected diagnosis of CMA April 23-March 24

Despite the increased number of referrals we are diagnosing less infants with CMA. All infants will have the diagnosis of CMA confirmed as per national guidelines and will not remain on specialist formula/restricted diet unnecessarily.

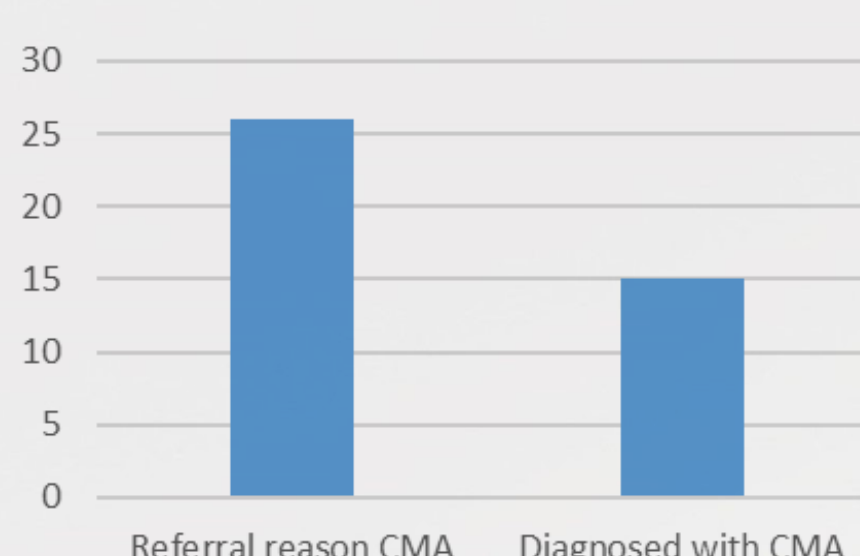


Data Snapshot: September 2023 referrals (N=41)

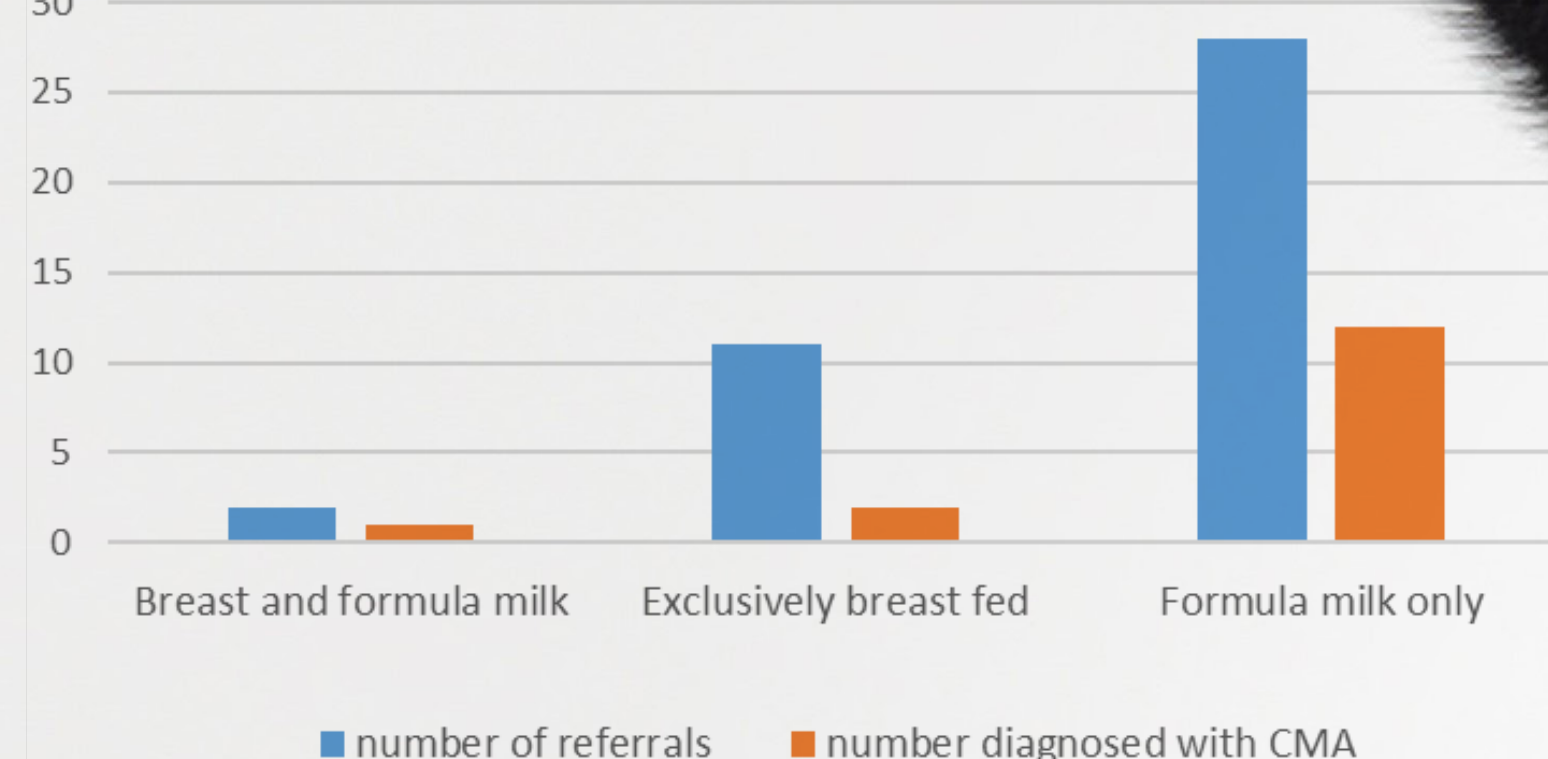
Reason for referral



Number of referrals for CMA versus number diagnosed with CMA



Graph to show number of referrals and number diagnosed with CMA for different methods of feeding



REFERENCES

- Sladkevicius, E. et al (2010). Resource implications and budget impact of managing cow milk allergy in the UK. *Journal of Medical Economics*, 13(1), 119-128.
- Cawood, A. L. et al (2022). The health economic impact of cow's milk allergy in childhood: A retrospective cohort study. *Clinical and Translational Allergy*, 12(8).
- Allen, H.I. et al (2022). Detection and Management of milk allergy: Delphi consensus study. *Clinical and Experimental Allergy*, 52 (8), 848-858.



COST OF COW'S MILK ALLERGY

£

Extensively hydrolysed formula (EHF)
Average cost per month/patient = approx £110

Amino acid (AA) formula
Average cost per month/patient = approx £250

Average cost of CMA healthcare in the UK:
£25.7 million per year

Average additional healthcare cost of CMA:
£1381.53 per year per patient.

Annual management cost of **£1853** for EHF patients and **£3161** for AA patients.

Prescriptions for specialised formula used by bottle-fed infants with CMA have increased in Australia, England and Norway exceeding expected volumes by 10-fold

Current milk allergy guidelines appear to promote over diagnosis by labelling common symptoms of infancy as allergy indicators

Milk allergy diagnosis can be difficult, making the condition vulnerable to over diagnosis

PATIENT / CARER FEEDBACK

I had a call the following day after getting referred. And talked through everything. All of the information I received was clear and concise and I was confident with the plan of how and what to feed my baby and myself.

Waiting times for appointments were quicker than I expected. Telephone appointments are great, on time and saves a trip to the hospital each time. Ordering prescriptions is quick and easy and although I was told to give a week to make sure it was ready they have always been ready to collect in 2-3 days.

I have been using the service for 7 months now and have nothing but praise for all of the team. Ordering is fast and prompt, always helpful for advice. The weaning teams call was fantastic and really helpful. I would highly recommend the team at Rotherham you're all amazing!

Positive experience from the very start. Quick referral process from health visiting team to the dietitians. Felt listened to and understood. Medications / prescribed milk given quickly to combat issues. This has drastically improved since my eldest 6-7 years ago.

