

# Replacing Fear with Nourishment and Joy: FPIES and Introduction of Complementary Foods

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## Disclosures

Wendy Elverson, RD, CSP, LDN

Consultant: ProLlergy Corporation (completed fall 2024)

Honorarium: Nutricia North America (2025)

Neither pose conflicts of interest to this presentation



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## Objectives

- Identify common and emerging triggers in childhood FPIES
- Apply practical suggestions for introducing complementary foods to the infant with FPIES
- Evaluate feeding concerns and understand nutritional management of the infant with FPIES



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## Brief Review of FPIES



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## FPIES Subtypes Review

### Major Phenotypes

#### Acute FPIES: (90% of cases)

- Reactions 1-4 hours after consuming the trigger
- Primary symptom: repetitive vomiting
- May see pallor, lethargy, hypotonia and/or diarrhea

#### Chronic:

- Symptoms over days to weeks with repeated ingestion
- Associated with growth faltering and failure to thrive

### Additional Phenotypes

#### Atypical:

- Not a stand-alone Dx
- Serum specific IgE to food trigger
- Can evolve to IgE-mediated allergy
- ~25-30% of cases

#### Adult Onset:

- Adolescents or adult onset
- Primary symptom is usually abdominal pain
- Seafood most common trigger

Anvari, S. et al. *Annals of Allergy, Asthma and Immunology*, 20

## Diagnostic Criteria – Acute FPIES

Acute FPIES	
Major criterion: Vomiting in the 1- to 4-h period after ingestion of the suspect food and absence of classic IgE-mediated allergic skin or respiratory symptoms	Minor criteria: 1. A second (or more) episode of repetitive vomiting after eating the same suspect food 2. Repetitive vomiting episode 1-4 h after eating a different food 3. Extreme lethargy with any suspected reaction 4. Marked pallor with any suspected reaction 5. Need for emergency department visit with any suspected reaction 6. Need for intravenous fluid support with any suspected reaction 7. Diarrhea in 24 h (usually 5-10 h) 8. Hypotension 9. Hypothermia
The diagnosis of FPIES requires that a patient meets the major criterion and ≥3 minor criteria. If only a single episode has occurred, a diagnostic OFC should be strongly considered to confirm the diagnosis, especially because viral gastroenteritis is so common in this age group. Furthermore, although not a criteria for diagnosis, it is important to recognize that acute FPIES reactions will typically completely resolve over a matter of hours compared with the usual several-day time course of gastroenteritis. The patient should be asymptomatic and growing normally when the offending food is eliminated from the diet.	

Nawak-Węgrzyn, et al. *Journal of Allergy and Clinical Immunology*, 2017

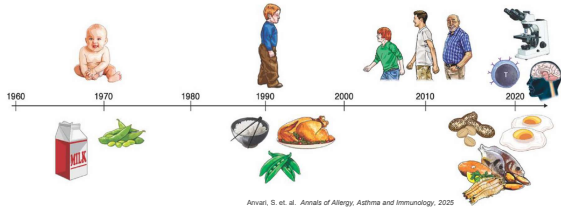


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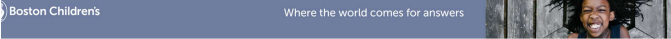


## Brief History Lesson

- 1970s: FPIES first described in the literature
- 2016: ICD10 code for FPIES established
- 2017: First international guidelines published



Anvari, S. et al. *Annals of Allergy, Asthma and Immunology*, 2023



## PIES Natural History

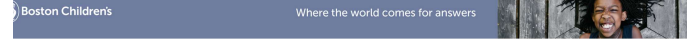
Typically presents within the first year of life, but also seen in adults



Incidence in the United States: 0.51%

Majority of cases in children resolve by school-age

gray A et al. *J Allergy Clin Immunol*, 2017



## Management

Elimination of the trigger in the patient's diet

- Breastfeeding mother: generally, no need to avoid trigger(s)

Education and training of all caregivers

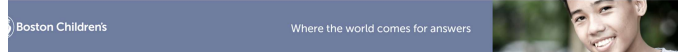
Nutrition counseling & education

Ondansetron RX for accidental ingestion

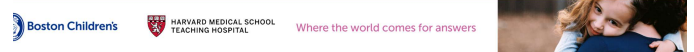
Written Emergency Action Plans

Oral food challenge to assess for resolution under medical supervision

- Generally, a minimum of 12-18 months since last reaction



## Common FPIES Triggers in Children

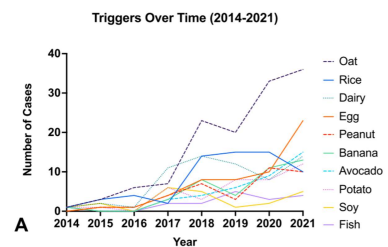


## FPIES Common Food Triggers

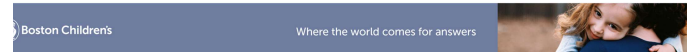
CHOP 2014 (462)	Texas Children's 2019 (74)	Multicenter 2020 (441)	Texas Children's 2024 (210)
Cow's milk (67%)	Rice (53%)	Cow's milk (53%)	Cow's milk (35.2%)
Soy (41%)	Cow's milk (49%)	Soy (37%)	Oats (19%)
Rice (19%)	Oats (35%)	Rice (34%)	Egg (17.6%)
Oat (16%)	Soy (31%)	Oat (37%)	Rice (17.6%)
Egg (11%)	Banana (24%)	Egg (23%)	Avocado & Sweet potato (11.4%)
Wheat (10%)	Sweet potato (22%)	Sweet potato (17%)	Banana (10.5%)
Corn (8%)	Avocado (16%)	Wheat (16%)	Soy (11%)
Chicken (4.5%)	Squash (12%)	Avocado (13%)	Peanut (10%)
Turkey (4.1%)	Apple (11%)	Peanut, banana (12%)	Wheat (4.8%)
Sweet potato (4.1%)	Chicken, corn, carrot(7%)	Peas, fish, beef (9%)	Green beans (3.8%)
Banana (3.5%)	Wheat, green bean (5%)	Apple (8%)	Corn (2.9%)
Peas (3.2%)	Quinoa, white potato, pea (4%)	Corn, chicken(7%)	Apple (2.4%)
Beef (2.4%)	Mango, nuts unspecified, turkey (3%)	Squash, shellfish (6%)	Squash, shellfish, finfish (2.3%)
Peanut (1.9%)	Egg not mentioned	White Potato (5%)	

1. K. et al. *J Allergy Clin Immunol* 2014 Aug;134(2):382-9. Bloomer AC et al. *Annals Allergy Asthma Immunol*, 2019 April;121:12. Mealy MC. *J Allergy Clin Immunol Pract*. 2020;8:1702-9. Hoidal C. *J Allergy Clin Immunol Pract*. 2024

## Single Center Trigger Changes Over Time n=347



Hua, A., El-Zataari, M., Hudson, E., Sanders, G. M., & Schuler, C. F. (2023). Evolution of Food Protein-Induced Enterocolitis Syndrome (FPIES) Index Trigger Foods and Subsequent Reactions After Initial Diagnosis. *Journal of Allergy and Clinical Immunology: In Practice*, 11(10), 3179-3186.e2. <https://doi.org/10.1016/j.jaip.2023.08.032>



## PIES in Breastfed Infants

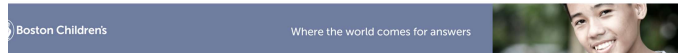
Reported but rare in exclusively breastfed infants

- Cow's milk most common reported trigger
- Soy, chicken and grains have also been reported
- Mean age of onset = 3 months (range 15 days – 6 months)

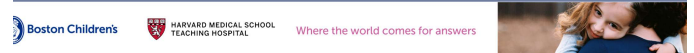
Routine maternal dietary elimination of trigger foods is not recommended



† et. al. / Pediatr. 2020.



## Nutritional Risk and Feeding Difficulties in FPIES



## PIES Impact on Nutrition and Feeding

Reactions often occur at a critical time in infancy for the development of feeding skills

FPIES reactions may lead to:

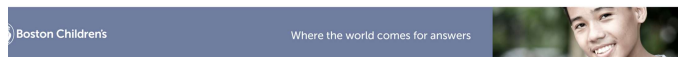
- Food aversions
- Delayed food introduction potentially related to:
  - Oral aversion
  - Parental anxiety



Patients with FPIES may be at risk for:

- Poor growth
- Nutrient deficiencies

Bartnikas LM et. al. Ann Allergy Asthma Immunol. 2021



## PIES and Nutritional Risk and feeding

Feeding Difficulties: Flom et. al.

Survey of caregivers of 133 children with FPIES vs. 170 children with IgE-mediated food allergies

**Caregivers of FPIES more likely to report mild, moderate & severe feeding difficulties**

Food aversion and poor weight gain in FPIES (n=203) Su. et. al.

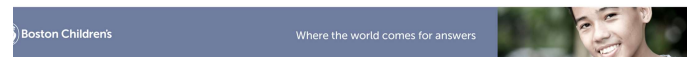
Oral Aversion associated with:

- FPIES to wheat
- Family history of food allergies

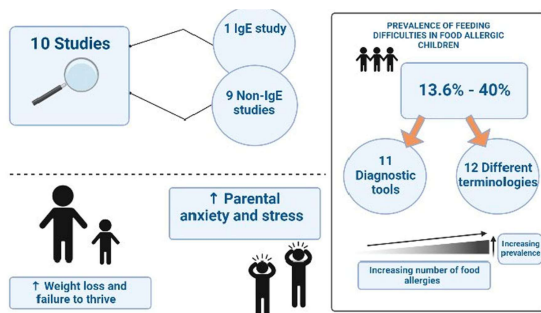
Poor weight gain associated with:

- ≥ 3 triggers
- Cow's milk and/or
- Chronic FPIES

Flom et. al. J Allergy and Clin. Immunol. In Practi  
Su KW et. al. J Allergy Clin. Immunol. 2020



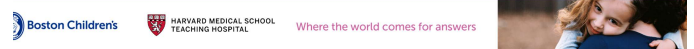
## Prevalence of Feeding Difficulties in Food Allergic Children



Copyright Dr. Rosan Meyer 2021

Hill et al. Pediatr Allergy Immunol. 2024;35:e14119.

## Feeding Pearls



## Ellyn Satter's Division of Mealtime Responsibilities

### "The W's"

- Parents are responsible for
  - W**hat – food is offered on the plate
  - W**hen – meals are scheduled/kitchen is open
  - W**here – meals take place
- Child is responsible for
  - W**hether they send food to belly
  - W**how much food they send to belly



Satter, E. M. The feeding relationship. *Journal of the American Dietetic Association*, 1986

## Feeding Do's

- Do **be patient**. Learning about a new food takes time
- Do offer **small portions** and let your child ask for more
- Do **eat with your child**
- Do involve your child in age-appropriate **cooking activities**
- Do offer **at least one preferred food** with meals
- Do introduce a **"learning plate"** or an **"all done" bowl**
- Do have a "no food away from the table" rule at home to **discourage grazing** and messes
- Do **rotate foods** or make small changes to preferred foods
- Do **encourage exploration** of novel foods starting with smell, touch, sound, and appearance. Let your child decide when they are ready to taste

## Avoid the following

- Coercive or persistent feeding
- Prolonged feedings or meals
- Chasing your child around the food
- Grazing in between meal and snack times
- Offering large portions
- Negotiating for extra bites
- Labeling foods as good or bad
- Short order cooking

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## Screening for Feeding Difficulties

Table 1  
Questions Health Care Providers Can Ask to Understand the Burden of FPIES on Patients and Caregivers

Management	Nutrition/Feeding	Daycare/School/Social activities	Emotional aspects
Tell me about what is going well with FPIES management. What is most challenging? What questions do you have about reading food labels/finding safe foods? How do you feel about the food introduction options that we have discussed? How confident do you feel about recognizing and treating a reaction? How can I help you feel more confident? Tell me your thoughts on oral food challenges. How can we support your family as you make this decision? Do you have any concerns about your family's ability to afford allergen-free foods or medical costs?	Do you have concerns about your child's growth or nutrition? How would you rate your/your child's stress level at mealtimes? During feeding, do you ever force your child to eat, need to negotiate with them, or use distractions? Is your child a picky eater or fearful of new foods? Does your child avoid certain textures of food? Where does your child eat? Does your child participate in family meals? Are meals or bottle feedings protracted? Does your child experience coughing, choking, or gagging with feeding? Has your child started refusing multiple previously preferred foods?	What concerns do you have about FPIES management in daycare/school? How can I help you feel more confident? Are there times when your family does not feel able to participate in social activities or eat outside of the home? What makes this challenging? Are there times when have you felt successful navigating social activities? What strategies work well? Are there other caregivers who feed your child? Do you feel comfortable leaving your child with other caregivers?	Do you or your child ever feel anxious or overwhelmed about managing FPIES? When do you typically have those feelings? How can I help you? Do you find yourself delaying food introduction because you feel anxious about the risk of triggering a reaction? Do you or your child ever feel sad or down about FPIES? When do you typically have those feelings? What helps? Does your child ever experience social exclusion, teasing, or bullying because of FPIES? Does worry or anxiety impact your decisions about oral food challenges?

Abbreviation: FPIES, food protein-induced enterocolitis syndrome.

Scheepel, I. R. M., et al. *Annals of Allergy, Asthma and Immunology*. 2020

## Introduction of Complementary Foods

Minimizing the fear and increasing the joy in feeding

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## Common Caregiver Questions and Concerns

- I am afraid to feed by baby food
- I only feel comfortable feeding my baby new foods on non-day care days when my partner is home
- Ever since the FPIES reactions, my baby is no longer interested in eating
- My baby did not react to oat the first 7 times, do I need to introduce all foods 8 times before considering each a pass?
- Do I need to avoid my baby's triggers in my diet while breastfeeding?
- Can I serve passed foods with new foods?
- Can all foods be introduced under medical supervision?
- Why was the testing negative if my baby has FPIES?

## Guidance for Nutrition and Feeding

Current recommendations for new food introduction in patients with FPIES are **based solely on expert opinion**

The majority of infants do not react to food proteins in human milk, routine dietary elimination of trigger foods is not recommended for lactating parent

Most infants with FPIES to milk requiring formula will tolerate an extensively hydrolyzed formula

- 10-15% of infants may require an amino acid-based formula

Nowak-Węgrzyn A et al. *Journal of Allergy and Clinical Immunology*, 2024

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## Will my infant react to many foods?

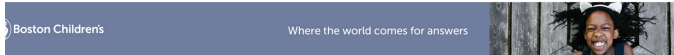
### Number of Triggers

- Single Trigger: >60%
- 2-3 triggers: 33%
- Multiple: 10%

### Risk factors for multiple triggers

- Younger age with first reaction
- FPIES to solids (vs. cow's milk protein)
- 1<sup>st</sup> degree relative with FPIES

Gianferani et al. *Ann Allergy Asthma Immunol*, 2021  
 Nowak-Węgrzyn A et al. *Journal of Allergy and Clinical Immunology*, 2024



## First Food Introductions

- Start with foods in the lower-risk category
- Shared decision making re: food choices and pace of introduction
- Cultural humility
- Cost
- Can the food be served in various forms for texture advancement
- Human Milk Fed/Breastfeeding infants
  - Vitamin D supplementation
  - > 6 mos. Ensure a source of iron and zinc
    - Beef, lamb, millet, quinoa, fortified infant corn cereal
    - Supplement if needed



## Read All Food Labels.... Not an IgE Mediated Food Allergy

Read all food labels looking for key ingredients: e.g. Milk, Rice, Oat

- Oat may see as Aveeno

Don't worry about industry cross contact, PAL (product advisory labeling), may contain traces etc.

### Generally safe ingredients

- Soybean oil, soy lecithin
- Corn oil, corn syrup, corn syrup solids
- Leavening agents including baking soda (ammonium or sodium bicarbonate)
- Enzymes
- Spiced, salt, sugar, maple syrup (no honey before one year of age)
- Artificial flavors and artificial colors
- Gums (guar, cellulose, xanthan)
- Carrageenan, Silicic acid
- Vitamin and minerals such as calcium carbonate and ascorbic acid (vitamin C)

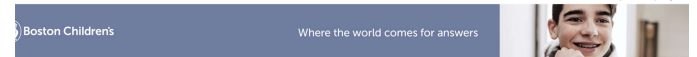


## Old Food Introduction in FPIES

Food group	Lower risk	Moderate risk	Higher risk	Highest risk
Vegetables	Broccoli, cauliflower, cucumber, kale, onions, mushrooms, parsnip, pumpkin, spinach, Swiss chard	Carrot, squash, white potato, string bean	Sweet potato, peas	
Fruits	Blueberry, cantaloupe, mango, papaya, peach, plum, prune, raspberry, strawberry, watermelon	Apple, pear, orange	Banana, avocado	
Proteins/Fats	Tree nut butters and seed butters <sup>#</sup> (almond butter, sunflower seed butter, tahini), canola oil, coconut oil, olive oil, lamb <sup>**</sup> , beef <sup>**</sup>	Black beans, kidney beans, pinto beans, white beans, lentils, chickpeas <sup>**</sup> , peanuts <sup>**</sup>	Chicken <sup>**</sup> , turkey <sup>**</sup> , eggs, fish <sup>**</sup>	Milk, soy
Grains/Grain like foods	Millet <sup>**</sup> , quinoa flakes <sup>**</sup> (flakes can be made into hot cereal), amaranth	Corn, corn grits <sup>**</sup> , wheat, cream of wheat <sup>**</sup> , barley, white potato		Rice, oats

Modified from Nowak-Węgrzyn et al. *JACI* 2017. Based on large case series and expert opinion.

<sup>#</sup>Iron-rich/iron-fortified foods. <sup>\*\*</sup>Nut and seed butters should be thinned with water and added to purees for younger infants. <sup>\*\*\*</sup> Peanut emerging as



## Low Risk Foods Based on Expert Opinion

**FRUITS**

- Blueberry
- Cantaloupe
- Mango
- Papaya
- Peach
- Plum
- Prune
- Raspberry
- Strawberry
- Watermelon

**Vegetables**

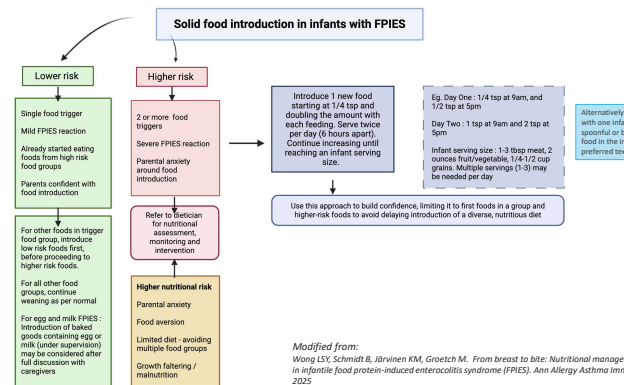
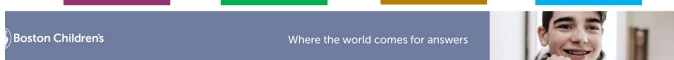
- Broccoli
- Cauliflower
- Cucumber
- Kale
- Onion
- Mushroom
- Parsnip
- Pumpkin
- Spinach
- Swiss chard

**Proteins/fats**

- Lamb
- Beef
- Tree nut butters
- Seed butters
- Tahini
- Olive oil
- Canola oil
- Coconut oil

**Grains**

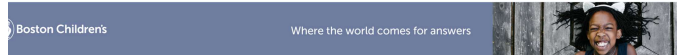
- Millet
- Quinoa
- Amaranth



Modified from: Wang LSY, Schmidt B, Järvinen KM, Grootch M. From breast to bite: Nutritional manage in infantile food protein-induced enterocolitis syndrome (FPIES). *Ann Allergy Asthma Immun* 2025

## Infant Texture Advancement

Age	Texture	Examples
0-4 months	• Breastmilk or formula	
4-6 months	• Smooth stage 1 or 2 baby foods	• Stage 1 pureed peach, broccoli, pumpkin, prune
6-8 months	• Homemade purees (smooth not lumpy)—no mixed texture/Stage 3 baby foods	• Quinoa flakes or millet flour made into hot cereal, pureed fruits, pureed vegetables, pureed meats
8-9 months (or when baby can hold head up)	• Crunchy, dissolvable solids* • Beginner table foods/soft, mashable foods	• Freeze-dried fruit, puffed millet, Little Bellies Corn Roundabouts and Pumpkin roundabouts* • Canned peaches and pears, taco meat (beef), soft, cooked/steamed vegetables (broccoli, cauliflower, squash, white potato)
9-12 months (or when your baby brings hands to mouth)	• Intermediate table foods (can be mixed texture if your baby can chew) • Continue crunchy dissolvable solids and soft mashable foods	• Quinoa based cold cereals, wheat pasta, corn pasta, quinoa pasta, meatballs made from lamb or beef, roasted potatoes, quartered grapes, ripe fruit pieces (strawberries, blueberries, peach, watermelon)



## Feeding Tips in the Setting of Oral Aversion

Initial goal is positive experience not volume!

- Exploration through touch is the first step
- Hit the reset button on feeding

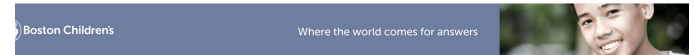
Encourage responsive feeding/ division of responsibility in feeding

In the setting of spoon refusal, try the following if developmentally appropriate

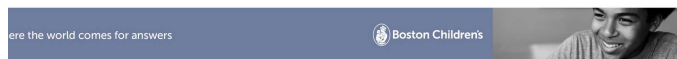
- Dissolvable solids
- Stick-shaped beginner table foods
- Table foods in a silicone feeder

Strongly consider

- Referral to a dietitian
- Referral to a feeding specialist (OT or SLP)

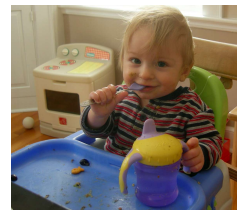


## Dissolvable Solid Ideas



## Beginner Table Food Ideas

- Smashed blueberries
- Soft cooked, stick-shaped broccoli and cauliflower
- Matchstick shape, cooked parsnip, carrots
- Sliced strawberries
- Stick shaped watermelon
- Steamed pear and apple slices
- Taco meat, minced dark meat chicken



## One Food: Many Ideas

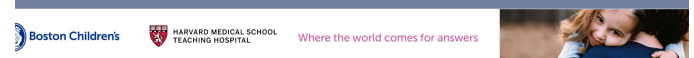
### Peach



pureed peach    Freeze-dried Peaches    Silicone Feeder + peach    Canned Peaches    Fresh Peach



## Case Study



## Case: Baby Girl



Exclusively fed human milk (HM)/breastmilk (BM)

At 2 mos. of age visible blood in stool → mother removed milk from her diet

At 6 mos. started purees including fruits, veggies, thinned peanut butter. Loved to eat.

At 7 mos. given scrambled egg mixed into purees

- 5th exposure → 2.5 hours after ingestion she developed profuse vomiting, became pale and difficult to arouse
- Seen in ED and given IVF and Ondansetron and dxed with viral gastroenteritis
- At 7.5 mos. given scrambled egg, similar reaction → ED → Ondansetron and able to rehydrate with breast feeding → Dx with FPIES

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Slide 37

HE1 We ask people not to use names or initials for cases, instead can just say "Case Study" or label it "Case Study 1" if doing multiple.

Hashim, Emily, 2026-03-31T22:55:05.989

WE1 0 I tried that last time and it confused me when I was presenting. I used a combo of patients.

Elverson, Wendy, 2026-04-01T00:14:21.801

Slide 38

HE1 please add a reference

Hashim, Emily, 2026-03-31T22:09:43.005

## Diagnostic Criteria – Acute FPIES

### Acute FPIES

Major criterion:  
Vomiting in the 1- to 4-h period after ingestion of the suspect food and absence of classic IgE-mediated allergic skin or respiratory symptoms

Minor criteria:  
1. A second (or more) episode of repetitive vomiting after eating the same suspect food

2. Repetitive vomiting episode 1-4 h after eating a different food
3. Extreme lethargy with any suspected reaction
4. Marked pallor with any suspected reaction
5. Need for emergency department visit with any suspected reaction
6. Need for intravenous fluid support with any suspected reaction
7. Diarrhea in 24 h (usually 5-10 h)
8. Hypotension
9. Hypothermia

The diagnosis of FPIES requires that a patient meets the major criterion and ≥3 minor criteria. If only a single episode has occurred, a diagnostic OFC should be strongly considered to confirm the diagnosis, especially because viral gastroenteritis is so common in this age group. Furthermore, although not a criteria for diagnosis, it is important to recognize that acute FPIES reactions will typically completely resolve over a matter of hours compared with the usual several-day time course of gastroenteritis. The patient should be asymptomatic and growing normally when the offending food is eliminated from the diet.

Nawak-Wegrzyn, et al. Journal of Allergy and Clinical Immunology, 2017

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## Baby Girl 8 Months Initial Visit to FPIES Clinic

- Primary intake from HM/ breast milk
- Mother on a milk/dairy and egg -free diet
- Solids not going well: might take a few bites of purees, turn her head and generally refuses
  - Oral aversion started after egg reactions
- Caregivers anxious about new foods, currently offering select purees
- Vitamin D, 400 IU per day
- Skin tested negative to egg

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## FPIES Clinic Recommendations

### Feeding Recommendations

Start an infant vitamin containing, D, iron and zinc  
Read all food labels to avoid egg in Sally's diet.

Add egg back to mother's diet

Continue HM

Hit the "reset button" on feeding

- Goal is positive experience, not volume

Offer a small portion of a few textures on her tray at meals:

- Puree
  - Dissolvable solid
  - Silicone feeder with table food
  - Example: Apple puree, freeze-dried apple, sliced apple in silicone feeder
- Model lateral placement of dissolvable solids  
Introduce soft-mashable foods when ready  
New foods one at a time: Blueberry, broccoli, apple, beef, corn, reintroduce peanut butter

### Allergy and Psychology Recommendations

- FPIES action plan provided
- Rx for Ondansetron provided
- Family met with psychologist to discuss coping with FPIES and their fear around food introductions

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## aby Girl: 9 1/2-Month Visit

### Terim Progress

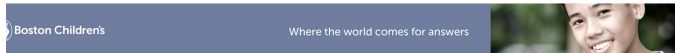
Refusing purees  
Enjoying dissolvable solids, frozen purees in a silicone feeder, and beginner table foods  
Added some new and previously tolerated foods to her diet:

- Blueberry, apple, peach
- Broccoli, cauliflower
- Peanut butter
- Beef
- Corn

Taking a vitamin with vitamin D, iron and zinc  
Continues HM

### Recommendations

- Continue HM, offer 3 meals/day, solids first, directly followed by HM
- Continue dissolvable solids and stick-shaped soft mashable foods
- Continue to avoid egg in baby's diet
- Continue to introduce low-risk food and also foods in the moderate category
- Offer previously frozen HM from when the mother was consuming milk/dairy to assess dairy tolerance, and if tolerated, can try cow's milk in the form of a pancake or a muffin
- Continue family meals when feasible



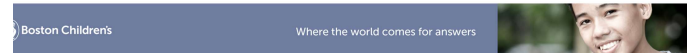
## aby Girl: 12-Month Visit

### Terim progress

Enjoying 3 meals and 1-2 snacks per day and a variety of foods from all groups  
Nursing 3 times per day, and mother ready to wean  
Tolerating baked milk + yogurt and cheese  
Avoiding egg  
1 week ago, a baked egg challenge was passed under medical supervision

### Recommendations

- Continue to avoid eggs, except baked egg in Sally's diet
- Continue to offer a variety of foods
- Change multivitamin to vitamin D, 400 international units per day
- Gradually wean HM and offer 4 fl oz. whole milk in a straw cup after solids at meal or snack time 3 to 4 times per day
- Continue family meals



## eeding an Infants with FPIES: Key Points

Don't tell caregivers to wait to introduce solids till they see the dietitian!!!  
Introduce new foods gradually (initially), increasing the amount offered each time

- Start with lower-risk foods before higher-risk foods
- Keep foods already tolerated in the diet
- Serve passed foods with new foods

Screen for persistent feeding techniques

- Ask about complementary foods
- Distraction techniques and stress around complementary feeds
- If needed, hit the "reset" button, infant-led exploration, and responsive feeding. Goal is positive experience with exploration NOT volume

NO need to avoid products with PAL: May contain, Made on shared equipment etc.



## eeding Your Child with FPIES: Resource

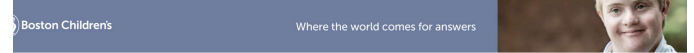
<https://www.childrenshospital.org/services/fpies/patient-family-resources>




## Post- Successful Baked Egg and Baked Milk Challenge Resource

A Baked Milk and Baked Egg Recipe and Guidebook:

[https://education.aaaai.org/sites/default/files/media/2021/01/Muffins%20and%20More\\_Updated\\_20250701.pdf](https://education.aaaai.org/sites/default/files/media/2021/01/Muffins%20and%20More_Updated_20250701.pdf)

## Takes a Village: FPIES Multidisciplinary Clinic at BCH



Food Protein-Induced Enterocolitis Syndrome (FPIES) Program




**Contact Us**

Contact the FPIES Program  
617-355-6117

Fax  
617-730-6231

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# Thank You!

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