

Correspondence

Reply

To the Editor:

We thank Rapley¹ for her interest in our research.² We agree that the role of breast-feeding in the development of oral tolerance or sensitization to peanut and other allergens is an important topic to examine, with a paucity of evidence at this time.

Indeed, a relatively small proportion of parents introduced peanut before 12 or even 24 months in our 1995 study, reflecting the American Academy of Pediatrics recommendations at the time.³ Current guidelines⁴ based on recent evidence recommend earlier introduction, and provide recipes along with illustrated step-by-step instructions for safely introducing peanut products that will not pose a choking hazard (eg, peanut puff products and purees of peanut flour or peanut butter). We agree that this information should be provided and discussed with parents, especially those of high-risk infants.

Our study suggests that early peanut introduction combined with “indirect” peanut exposure through breast milk may further decrease the risk of peanut sensitization. We are hopeful that our findings will motivate other researchers to address this issue in their studies. Replication of our results and confirmation in experimental studies could lead to new feeding recommendations that consider maternal peanut consumption and breast-feeding along with the timing of direct peanut introduction.

An important conundrum that remains is how to counsel a family with an older peanut-allergic child and “peanut-safe” household. Previous studies have demonstrated a markedly increased risk of peanut allergy in the younger sibling of a peanut-allergic child.⁵ Our results suggest that the mother could potentially reduce this risk by regularly ingesting peanut and breast-feeding her new infant; however, this practice could pose a risk to the older peanut-allergic sibling. This scenario, which is not uncommon, warrants careful consideration and further study.

Tracy J. Pitt, MD^a
Allan B. Becker, MD^b
Moira Chan-Yeung, MD^c
Edmond S. Chan, MD^c
Wade Watson, MD^d
Rishma Chooniedass, MN^b
Meghan B. Azad, PhD^b

From ^aHumber River Hospital, Toronto, Ontario, ^bthe University of Manitoba, Winnipeg, Manitoba, ^cthe University of British Columbia, Vancouver, British Columbia, and ^dDalhousie University, Halifax, Nova Scotia, Canada. E-mail: meghan.azad@umanitoba.ca.

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