

Correspondence

Timely focus on breast-feeding in the peanut allergy debate

To the Editor:

The article by Pitt et al¹ makes interesting reading and addresses an important issue. The likely role of breast-feeding, as opposed to formula feeding, in the prevention of peanut allergy has long been ignored in favor of a focus on maternal diet in pregnancy^{2,3} and “early” versus “late” introduction of peanuts to the infant during weaning^{4,5} and yet it must surely form part of the picture.

It seems reasonable to assume that, biologically speaking, the natural pattern for a woman whose diet normally included peanuts would be to continue to eat them while breast-feeding, and to introduce her infant to them (along with the other elements of her own diet) during the child’s first year. It therefore comes as no surprise that the optimal scenario identified by Pitt et al¹ was a combination of breast-feeding by a mother whose diet included peanuts *and* direct exposure to peanuts in the first year. There is a clear message here that we must take the method of milk feeding into account (breast or formula) when considering the optimal age for the introduction of solid foods, and of likely allergens in particular.

As an aside, it is interesting to note the small number of parents in this study who did in fact introduce peanuts before their infant’s first birthday—and even before the second. One possible explanation is confusion over the commonly highlighted risks of choking related to whole peanuts—with the accompanying

advice not to allow children younger than 3 years to access them—and the relative lack of discussion concerning the appropriate use of ground peanuts and peanut butter. Clarification of this distinction, and the sense in which peanuts do or do not constitute a “risk” to infants, is indicated.

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