

How to introduce allergenic foods safely



Why early, thoughtful introduction matters

For many years, families were often advised to delay foods such as peanut or egg. Evidence has shifted. Modern guidance supports introducing common allergenic foods during the complementary feeding period for most infants, rather than routinely postponing them. The goal is not to force foods early, but to offer them at an appropriate developmental stage, in baby-safe forms, and to continue them regularly if tolerated.

The most detailed prevention guidance concerns peanut. The National Institute of Allergy and Infectious Diseases-sponsored expert panel recommends a risk-stratified approach: infants with severe eczema, egg allergy, or both may need evaluation before peanut-containing foods are introduced, while lower-risk infants can usually have peanut introduced at home in an age-appropriate form. This is especially relevant because eczema and egg allergy are markers of higher atopic risk.

Importantly, food introduction is not a diagnostic test to perform casually in a baby with a concerning history. If your child has already had hives, swelling, repetitive vomiting, wheeze, or lethargy after eating, speak with a healthcare professional before re-offering that food.

Start with developmental readiness and safe textures

Allergen introduction should happen within the broader context of introducing solid foods safely. Most babies begin complementary foods around 6 months, when they can sit with support, have good head and neck control, show interest in food, and can move food from the front of the mouth toward the back rather than pushing everything out with the tongue.

Texture matters as much as timing. Whole nuts, spoonfuls of thick nut butter, large chunks of hard food, and rubbery pieces can be choking hazards. For babies, allergenic foods should be smooth, soft, mashed, finely flaked, thinned, or mixed into a familiar puree or cereal, depending on age and feeding skill.

Use smooth peanut butter thinned with warm water, breast milk, formula, or puree until it drips easily from a spoon.

Offer well-cooked egg as mashed egg, egg mixed into puree, or soft strips for babies developmentally ready for finger foods.

Use plain yogurt or soft cheese in small amounts if dairy has not been contraindicated by your clinician; do not give cow's milk as the main drink before 12 months.

Serve fish cooked thoroughly, checked carefully for bones, and mashed or flaked very finely.

Which foods to introduce, and how to approach them

Common allergenic foods include peanut, tree nuts, egg, cow's milk products, wheat, soy, sesame, fish, and shellfish. Different countries use slightly different lists, but these foods account for many IgE-mediated food allergy reactions in children. You do not need to introduce them all on the same day. A calm, stepwise approach is easier to interpret if symptoms occur.

Many families begin with single-ingredient first foods, then add allergens one at a time once the baby is comfortable eating small amounts. There is no need for a long waiting period between every non-allergenic food, but when introducing a major allergen for the first time, it is reasonable to offer it alone or with a food the baby has already tolerated.

For peanut, practical pediatric advice commonly suggests starting with a very small taste of thinned peanut butter or peanut powder mixed into puree, then observing. If no symptoms occur, the baby can continue eating the prepared serving. After successful introduction, ongoing exposure matters; offering peanut-containing foods regularly, in safe forms, may help maintain tolerance. The exact amount and frequency should be individualized if your baby is high risk or has medical complexity.

A practical first-day plan

Choose a day when your baby is well, not acutely ill, and not unusually tired. Introduce the food earlier in the day rather than at bedtime, so you can observe your baby while medical help is easier to access if needed. Avoid introducing a new allergen immediately before travel, vaccination appointments, or a time when you will be distracted.

Prepare a tiny amount in a baby-safe texture, such as a quarter teaspoon of thinned peanut butter or a small taste of well-cooked egg.

Place a small amount on the baby's spoon or lip area, then let the baby swallow if they are interested and able.

Wait about 10 minutes while watching for immediate symptoms such as hives, facial swelling, coughing, wheezing, or vomiting.

If there are no symptoms, offer the rest of the small serving at the baby's usual pace.

Continue observing for at least 2 hours for immediate reactions, and note any later gastrointestinal or skin symptoms.

Do not rub allergenic foods onto the skin as a safety test. Skin contact can irritate sensitive skin and does not reliably predict whether a food will be tolerated when eaten.

Recognizing allergic reactions without panic

Food allergy symptoms can be immediate or delayed. IgE-mediated food allergy symptoms often occur within minutes to 2 hours and may include hives, flushing, swelling of the lips or eyelids, vomiting, coughing, wheeze, hoarse voice, or sudden worsening sleepiness. A baby may also seem distressed, pale, floppy, or

unusually quiet.

Some reactions are milder and localized, such as a few hives around the mouth. Others can be systemic and urgent. Anaphylaxis is a severe allergic reaction involving breathing, circulation, or multiple body systems and requires emergency medical care. If your baby has breathing difficulty, persistent cough, repetitive vomiting, swelling of the tongue or throat, extreme drowsiness, limpness, or collapse, seek emergency help immediately according to your local emergency number.

Non-IgE-mediated food reactions can be delayed and may involve repetitive vomiting, diarrhea, blood or mucus in stool, eczema flares, or poor feeding. These patterns can overlap with infections, reflux, and other conditions, so they should be assessed by a clinician rather than self-diagnosed.

Babies who need extra caution

Some infants benefit from individualized planning before allergenic foods, especially peanut. Speak with your baby's clinician if your baby has severe eczema, known egg allergy, a previous suspected food reaction, poor growth, prematurity with ongoing feeding concerns, significant gastrointestinal disease, or complex medical needs. A pediatric feeding assessment may also be helpful when swallowing safety, texture progression, or oral-motor skills are uncertain.

For infants with severe eczema and/or egg allergy, peanut introduction may involve allergy testing, specialist consultation, or supervised feeding, depending on local practice and the clinician's assessment. Testing is not recommended for every baby, because false positives can lead to unnecessary avoidance and anxiety. The decision should be based on risk, history, and professional guidance.

If your baby has eczema, good skin care is also relevant. Inflamed skin may be associated with allergic sensitization, although skin treatment alone is not a substitute for medical advice about food introduction.

Keeping tolerated allergens in the diet

Once your baby tolerates an allergenic food, it is generally better to keep it in the diet regularly rather than offering it once and stopping for months. Regular exposure should still follow your baby's appetite, developmental stage, and family diet. For example, peanut can be offered as thinned peanut butter, peanut powder stirred into yogurt or puree, or peanut-containing puffs that dissolve easily, depending on age and readiness.

Do not continue a food that seems to cause concerning symptoms. If you suspect a reaction, stop that food and contact a healthcare professional for advice. A feeding and symptom diary can be useful: record the food, amount, preparation, time eaten, symptoms, timing, medications given, and whether medical care was needed.

Families often feel guilty if introduction feels slow or if a reaction occurs. Food allergy is not caused by a parent doing one feeding imperfectly. The safest approach is steady, informed, and responsive, with professional support when the history is unclear.