The Role of Hydrolysed Rice Formula in the Dietary Management of Infants With Cow's Milk Allergy: A UK Healthcare Perspective[1]

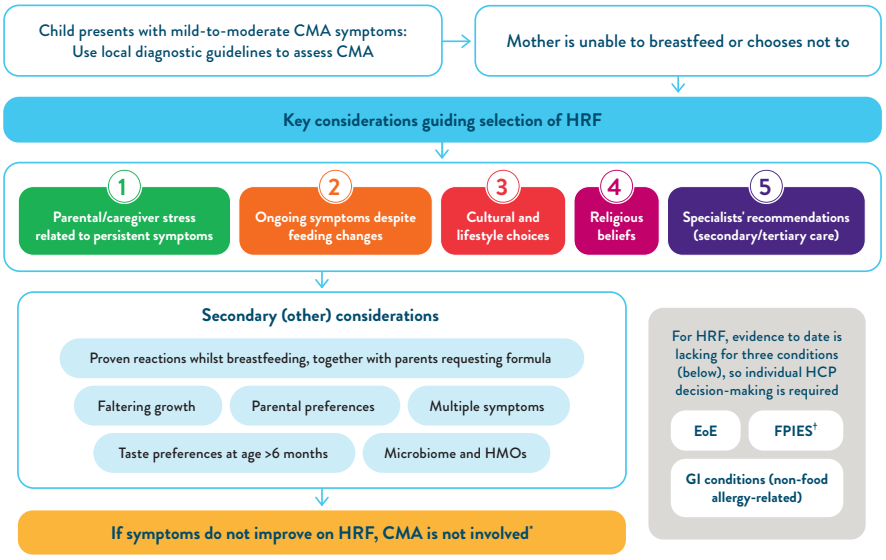
Overview

Cow's milk allergy (CMA) is one of the most common food allergies in infancy. For infants who are not exclusively breastfed, both extensively hydrolysed formula (eHF) and hydrolysed rice formula (HRF) are recognized as appropriate first-line nutritional options. UK experts developed a practical decision framework to help clinicians identify situations in which HRF may be the preferred formula choice.

Clinical Takeaways for HCPs

- HRF is recognized as a suitable first-line alternative to eHF for non-breastfed infants with CMA.
- HRF contains no cow's milk protein and may be valuable when complete avoidance of residual milk peptides is desired.
- Consider caregiver burden, cultural preferences, religious beliefs and previous feeding experiences when selecting formula.
- HRF may be considered in infants with persistent symptoms despite multiple formula changes.
- If symptoms do not improve on HRF after elimination of cow's milk protein, reconsider whether CMA is the underlying diagnosis.

HRF Clinical Decision Framework



Situations Where HRF May Be Preferred

Primary Considerations: Persistent caregiver stress; ongoing symptoms despite feed changes; cultural/lifestyle preferences; religious dietary considerations; specialist recommendation.

Secondary Considerations: Reactions while breastfeeding, together with parents requesting formula; faltering growth; parental preference; multiple symptoms; taste acceptance concerns (>6 months); microbiome/HMO considerations.

Bottom Line

Hydrolysed rice formula expands first-line nutritional options for non-breastfed infants with CMA and supports individualized, family-centered formula selection.

Reference:

1. Makwana N, et al. Nutrients. 2026;18:1225.