

Can Health Visitors support General Practitioners in the management of Cow's Milk Allergy in infants? A service evaluation.



Cremonesini D¹⁺³, Waddingham P¹, Knibb RC², Miles EA³, Venter C⁴.

¹Cambridgeshire Community Services NHS Trust, Huntingdon UK; ²Aston University, Birmingham, UK; ³MSc Allergy, University of Southampton, UK; ⁴University of Colorado, Denver, USA.
Contact details: david.cremonesini@nhs.net



Introduction

- Significant delay in diagnosing Cow's Milk Allergy (CMA) in primary care and appropriate management well documented¹
- Literature showed that parents (56%) felt that GPs did not listen to their concerns which then led to a delay in diagnosis of CMA². This is reflected in an online study of GPs in that 82% felt that they needed more education around CMA management²
- The authors felt that GPs could be supported by Health Visitors (HVs), since they play a vital role in infant nutrition and advise parents on breastfeeding and alternative milk feeding
- No research was found in the literature looking at HV knowledge on CMA so a service evaluation was undertaken

Methods

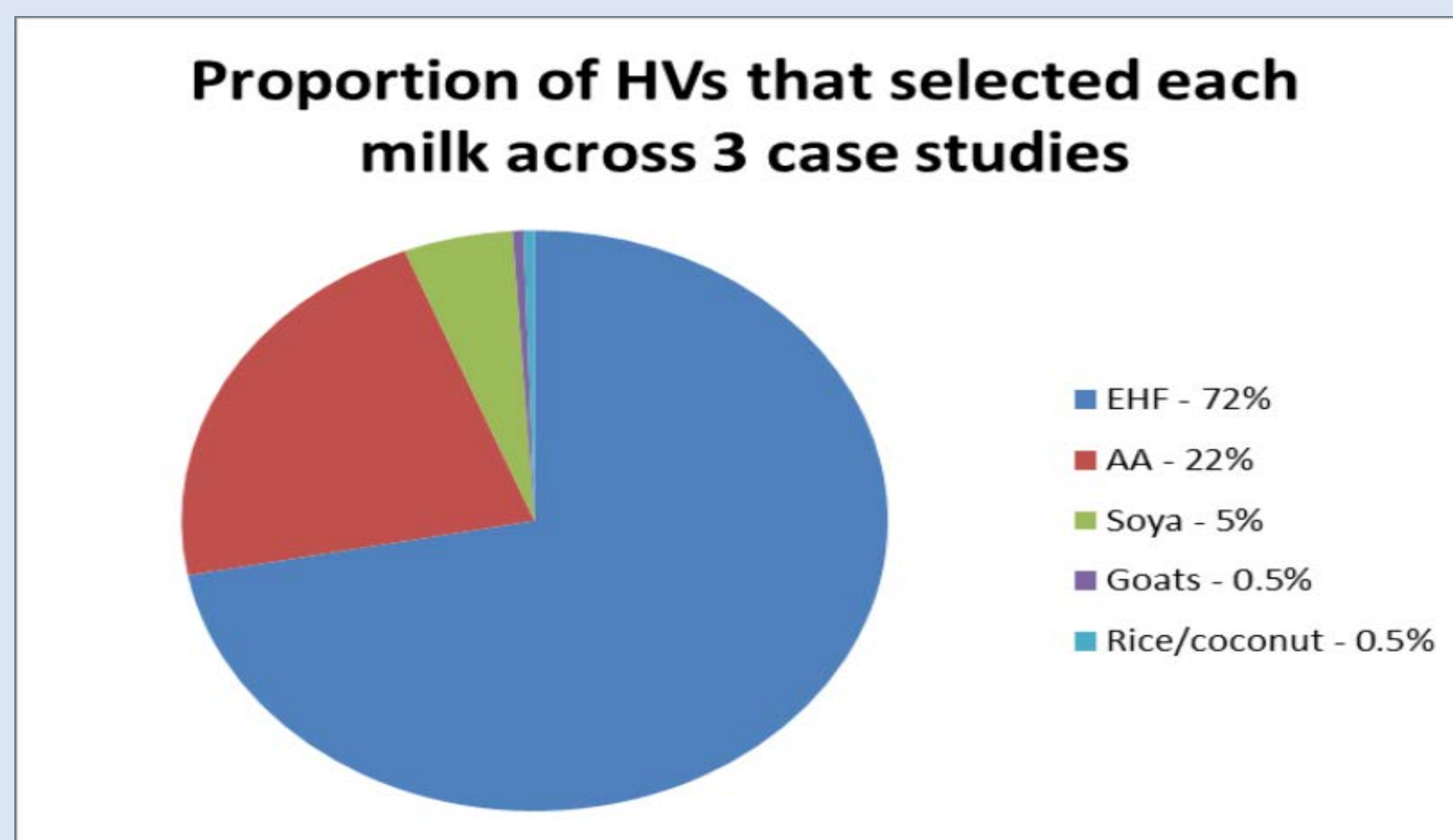
- Cambridgeshire Community NHS Trust employs 300 HVs covering a large and multi-ethnic diverse area that includes Luton, Norfolk & Cambridgeshire
- Methodology consisted of a two part process:
Part One: anonymous online questionnaire was sent out to all HVs regarding their confidence in managing CMA and previous training/learning and 3 case studies taken from an E-module³
Part Two: Focus groups (n=3) of 45 mins duration with up to 5 HVs, discussing how HVs can support management of CMA, possible barriers to this and training needs to achieve it. Transcribing of the sessions and thematic analysis was undertaken

Results

- 63 HVs (21% response rate) responded to the online questionnaire
- HV Training on CMA**
 - 22% reported they had had some training on CMA in past 3yrs
 - 48% reported they had read the NICE guidance on CMA
 - 98% reported they would attend CMA training if available
- HV knowledge of CMA**
 - 75% correctly diagnosed non-IgE CMA in both a breastfed and formula fed baby. In both cases 80% suggested an extensively hydrolysed formula (EHF) initially, which is the suitable option
 - 98% correctly diagnosed IgE-mediated CMA: 52% chose a EHF (most suitable option), 43% chose an amino acid formula
 - 100% agreed a dietician referral needed for IgE-mediated CMA
 - There was some confusion around appropriate testing in each scenario, but it is a concern that 13% chose IgG testing

Figure 1 shows milk choice data when combining all 3 cases, all 3 in infants < 6 months

Figure 1 - Milks selected across 3 case studies by HVs



Focus Group Recommendations

- Key themes supported those found in questionnaires
- HVs were keen to support GPs and felt that all CMA should be referred to them to reduce delay of diagnosis for parents
- Clearer local guidance needed regarding milk prescribing and GPs should have some training on this
- The idea HVs can prescribe CMA formula's for the 2 week challenge was well received
- The demand for appropriate and easily accessible learning modules was a reoccurring theme
- They felt their managers weren't supportive enough to give them time to attend training, yet it's important and needed

Discussion

- This service evaluation exploring HVs knowledge of CMA management, compares favourably with studies looking at GP knowledge
- HVs plays a role in supporting parents in primary care BUT they need more training. We suggest that it should be "mandatory"
- HV should work closely with GPs and get involved earlier in care of infants with "suspected" CMA. This is likely to improve outcomes and lead to earlier psychological support for parents
- Online teaching modules were the preferred option for HVs as attending 'face to face' sessions is difficult
- Further research into the feasibility of HVs being part of official CMA guidance is warranted

References

1. Sladkevicius E, Nagy E, Lack G. Resource implications and budget impact of managing cow milk allergy in the UK. *J Med Econ* 2010;13(1):119-28
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3. E-module <https://allergyacademy.talkingslideshd.com/assessments?assessment=18> (last accessed 4 April 2018 – login for www.allergyacademy.org needed)