

Moving your child from CMPA formula to a fortified non-dairy alternative milk

From 1 year of age, it is advised to start offering children full-fat cow's milk instead of formula milk. However, some children with cow's milk protein allergy (CMPA) may not tolerate cow's milk by this age.

Most children no longer need CMPA formula after 1 year of age, even if they cannot tolerate cow's milk. A fortified non-dairy alternative milk readily available to buy from a shop/supermarket should be offered instead. If your child is not gaining weight as expected or if their diet is extremely restricted, the CMPA formula may be needed for longer. If you have concerns about your child's diet and/or weight, please speak to your dietitian or GP.

Choosing a fortified non-dairy alternative milk

There are many fortified non-dairy alternative milks available to buy. There are different types made from soya, oat, pea, coconut, and some nuts. The following checklist will help you choose a suitable non-dairy alternative milk for your child:

- ☐ Choose a fortified non-dairy alternative milk that does not contain anything else your child is allergic to (for example, avoid soya milk if your child is also allergic to soya).
- ☐ Choose a fortified non-dairy alternative milk. Look for added calcium, vitamin D, vitamin B12 and iodine.
- ☐ For young children without cow's milk protein allergy, cow's milk is an important source of energy (calories) and protein. Children who cannot tolerate cow's milk need an alternative milk that contains enough energy and protein. Look for a fortified non-dairy alternative milk that contains around 40kcal per 100ml or more and at least 1g protein per 100ml. You can find this information under "Nutrition information" on the food label.
- ☐ Choose unsweetened options where possible. Remember to brush your child's teeth twice daily.
- ☐ Avoid products labelled as "organic" because they are not fortified.
- ☐ Avoid alternative milks based on almond or hazelnut as these are too low in energy and protein for young children.
- ☐ Avoid other animal milks like goat's milk or sheep's milk. They are not suitable for children with a cow's milk allergy because the protein they contain is like cow's milk protein. This means that these milks could cause your child to have an allergic reaction.
- ☐ Avoid rice milks as these are not suitable for children under 5 years of age.
- ☐ Avoid pea-based milks if your child also has an IgE peanut, legume or soya allergy and is not eating pea regularly as part of their diet.

Examples of fortified non-dairy alternative milks include Alpro® Soya or Oat Growing Up Drinks, Oatly® Oat Drink Whole and Barista Edition, Koko® Super. Most supermarkets have own brand fortified non-dairy alternative milks available.

Tips for helping your child accept a fortified non-dairy alternative milk

It can take a while for your child to get used to a new milk. Some children tolerate the transition better if you gradually change over from CMPA formula to the fortified non-dairy alternative milk alternative:

- Try mixing the CMPA formula and fortified non-dairy alternative milk together, gradually increasing the alternative milk and reducing the formula.

- Try warming the fortified non-dairy alternative milk
- Try a few different fortified non-dairy alternative milks if necessary. You may need to do this before you find one that your child accepts. You can also use a mixture of fortified non-dairy alternative milks if your child enjoys more than one type.
- A fortified non-dairy alternative milk can be mixed with solid foods from 6 months old. Children who have already had a fortified non-dairy alternative milk mixed with solid foods will be used to the taste and so may accept it as a drink more easily.
- Use a cup or beaker to offer your child the fortified non-dairy alternative milk.

Most children will transition from CMPA formula well, although you may find it needs some perseverance. Remember that offering anything new to young children can be challenging at times. If you have tried all the tips above and your child continues to refuse the fortified non-dairy alternative milk, please speak to your dietitian or GP.

Will your child get enough nutrients after stopping CMPA formula?

From the age of 1, most children with or without CMPA can get everything they need to grow and develop from their diet alone. This is because they are usually eating a wide variety of foods by this age and their nutritional needs are different from when they were younger.

For more information on helping your child to eat a healthy diet, see [Healthy eating for children](#) or scan the QR code at the bottom of the page.

Fortified non-dairy alternative milks contain around 120mg calcium per 100ml. If your child is drinking at least 300 - 400ml (10floz) each day they will get their daily calcium requirement. Fortified non-dairy yogurts and some other foods are also fortified with calcium. To read more about calcium in the diet see [Calcium guidance](#) or scan the QR code at the bottom of the page.

Does your child need to take vitamin supplements?

All breastfed babies should be given daily vitamin D from birth (even if the mother is taking vitamin D). This is to make sure your baby gets enough of this vitamin, which is needed for healthy bones. From 6 months to 5 years, all children should be given a daily vitamin supplement containing vitamins A, C and D, unless they are taking more than 500ml of infant formula a day. Eligible families can get free vitamin drops with the [NHS Healthy Start scheme](#) or scan the QR code at the bottom of the page.

If you are worried about your child's diet or growth, please talk to your dietitian or GP as soon as possible.



Healthy eating for children



Calcium Guidance



NHS Healthy Start Scheme

Version	1.0
Developed by	Prescribing Support Dietitians, HWE ICB
Approved by	Medicines Optimisation Delivery and Implementation Group May 2025 & Area Prescribing Committee July 2025.
Date approved / updated	July 2025
Review date	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded version	n/a