

## Acid suppressant medication use during pregnancy linked to higher infant food allergy risk

SAN ANTONIO — Maternal use of antibiotics and acid suppressant during pregnancy was associated with greater risk for infant food allergy, according to a study presented at the American Academy of Allergy, Asthma & Immunology Annual Meeting.

According to **Anna Arroyo, MD, MPH**, clinical assistant professor of pulmonary, allergy and critical care medicine at Stanford School of Medicine, and colleagues, there has been a lack of understanding on the relation between infant food allergy and maternal antibiotic and acid suppressant medication (ASM) use during pregnancy.



According to researchers, infants exposed to maternal acid suppressant medication and antibiotic exposure saw increased odds of possible and likely food allergy compared with children without exposures. *Image: Adobe Stock.*

“We are interested in understanding maternal risk factors for the development of allergic diseases, with a focus on developing preventative strategies in the future,” Arroyo told Healio.

To fill in these gaps, the researchers evaluated the association between use of these medicines and incident food allergy among infants by age 12 months using a multicenter prospective cohort of 921 infants. The infants had been hospitalized with bronchiolitis and had a median age of 3 months at enrollment.

Researchers used parent reports and chart review to determine ASM and antibiotic usage. They then classified children as having a likely, possible or unlikely allergy to milk, egg, peanut or tree nut at the age of 12 months through an algorithm that utilized parent reports, chart review, and serum-specific IgE and skin testing.

Of the total cohort, 16% had maternal ASM exposure and 46% had antibiotic exposure either prenatally or perinatally.

At the age of 1 year, 1.4% of the infants had likely food allergy, 2.1% had possible food allergy and 82% had unlikely food allergy.

Arroyo and colleagues noted that after age adjustment, the odds of possible and likely food allergy increased with maternal ASM exposure (adjusted OR = 2.33; 95% CI, 1.07-5.07) and maternal antibiotic exposure (aOR = 3.54; 95% CI, 1.56-8.04) compared with children without these exposures.

“We were surprised that these maternal medication exposures had an effect on food allergy development at such an early age,” Arroyo said.

She suggested that for primary care physicians, “the risk and benefit of maternal medication use, specifically acid suppressant medication use, may need to be discussed further with pregnant individuals.”

The researchers concluded the results support the need for further research, particularly on the association between maternal medications and food allergy risk during later childhood.

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“We plan to investigate how these maternal factors may influence the risk of development and persistence of food allergy during later childhood, [including] toddler [and] preschool age,” Arroyo said.

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