

Misdiagnosed as a "High-Need Baby": Delayed Diagnosis of Cow's Milk Protein Allergy in an Exclusively Breastfed Infant

Martin Gruenberg

Department of Pediatrics, School of Respected Sleep, Argentina.

***Corresponding Author:** Martin Gruenberg, Department of Pediatrics, School of Respected Sleep, Argentina.

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Abstract:

Background: The term "high-need baby" has gained popularity among parents and on social media, but lacks clinical recognition. This non-medical label can delay the diagnosis of underlying medical conditions.

Case Presentation: We report the case of a 7-month-old exclusively breastfed infant with persistent irritability and sleep disturbances, diagnosed by his pediatrician as a "high-need baby." Clinical evaluation revealed symptoms compatible with cow's milk protein allergy (CMPA). Elimination of dairy from the maternal diet led to full symptom resolution. A subsequent oral challenge confirmed the diagnosis.

Conclusion: This case illustrates the importance of maintaining clinical rigor when evaluating persistent infant symptoms and avoiding reliance on non-medical labels such as "high-need baby."

Key words: gray scale ultrasound; elastography; solid thyroid nodules

Introduction

The concept of the "high-need baby" was introduced in the 1980s by pediatrician Dr. William Sears to describe infants who require significantly more attention, physical contact, and emotional support than their peers. He outlined twelve key characteristics, including intense crying, frequent night awakenings, hypersensitivity, and difficulty self-soothing. Although widely discussed in parenting forums and social media, this concept has no standing in official diagnostic classifications.

Its popularity has led many caregivers and even health professionals to attribute persistent infant distress to temperament alone, potentially delaying the identification of underlying medical issues. In a recent study, up to 13.5% of pediatric patients consulting for sleep disorders—particularly those under one year of age—were found to have an undiagnosed medical condition as the root cause, such as poor weight gain, cow's milk protein allergy (CMPA), gastroesophageal reflux, or atopic dermatitis (Gruenberg et al., 2024).

This overlap suggests that some infants labeled as "high-need" may actually be exhibiting early symptoms of treatable conditions. It is essential that healthcare providers critically assess persistent symptoms in infants rather than rely on non-clinical labels that may delay appropriate care.

Case Presentation

A 7-month-old male infant was referred to our pediatric sleep clinic for persistent irritability, inconsolable crying, and frequent night awakenings

occurring every 60–90 minutes. The symptoms had been present since the second week of life. The infant was exclusively breastfed and had recently started complementary feeding with a variety of purees. Growth and weight gain were within normal ranges.

Parents had come across the term "high-need baby" online and believed it described their son. This interpretation was supported by their primary pediatrician, and no further medical workup had been done.

Additional symptoms included daily regurgitation and a single episode of bloody mucus in the stool. There were no abnormalities in stool frequency or consistency otherwise. At the time of consultation, the mother was consuming a regular diet including dairy. She had a personal history of atopic dermatitis; the father was healthy.

Given the clinical picture, we recommended an immediate dairy exclusion diet for both the mother and the infant. Within two weeks, the infant experienced a complete resolution of irritability, sleep disturbances, and regurgitation. At 9 months of age, a diagnostic oral food challenge was conducted by reintroducing dairy into the maternal diet. The infant's symptoms rapidly recurred, confirming the diagnosis of non-IgE-mediated CMPA.

Discussion

This case demonstrates the clinical risks of relying on non-medical labels such as "high-need baby" to explain persistent infant distress. While such

labels may offer emotional validation for parents, they lack clinical utility and can delay proper diagnosis and treatment.

CMPA is among the most common food allergies in infancy and may present with a wide range of symptoms, including gastrointestinal issues, irritability, excessive crying, sleep disturbances, and dermatologic manifestations. Exclusively breastfed infants may show subtle or atypical signs, and diagnosis can be particularly challenging when growth remains normal. In such cases, a high index of suspicion is crucial.

As reported in a recent cross-sectional study, a significant proportion of infants presenting with sleep disorders were later diagnosed with previously unrecognized medical conditions, such as CMPA, reflux, or atopic dermatitis (Gruenberg et al., 2024). It is likely that some infants currently labeled as "high-need" fall into this group, further emphasizing the need for thorough clinical evaluation.

Conclusion

Non-medical terms like "high-need baby" may hinder timely diagnosis of underlying medical conditions such as CMPA. Persistent symptoms in

infancy should always prompt careful clinical assessment rather than be attributed solely to temperament or behavioral patterns.

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