

Reflux

Reflux is when the contents of the stomach are brought back up (regurgitated) either into the oesophagus (food tube) or mouth. This is often called spitting up, possetting or bringing milk up, and is common in babies, especially after a feed.

Signs and symptoms

Possetting, spilling or regurgitation is when stomach contents come all the way up to the mouth. It is usually 'effortless' in comparison to vomiting, occurs spontaneously, and is very common in babies up to 18 months of age. It can be considered normal. There is no specific treatment and it usually gets better on its own.

Gastro-oesophageal reflux is the effortless regurgitation of stomach contents into the oesophagus (food pipe) without making it all the way to the mouth. It happens spontaneously and the contents are generally swallowed back into the stomach. It tends to happen after feeding or meals and can cause discomfort. Reflux can affect babies as well as children and young people who have problems with their muscles and nervous system, such as children with cerebral palsy.

Gastro-Oesophageal Reflux Disease (GORD) is when the reflux of stomach contents causes complications such as poor weight gain, feeding difficulties, irritability and unsettled behaviour before, during and after a feed. In older children it may cause heartburn or tummy pain after meals. More severe complications are oesophagitis (inflammation of the oesophagus from the refluxing of stomach acid) or breathing changes.

How is reflux diagnosed?

Reflux is usually diagnosed by a doctor or child health nurse. GORD requires a doctor's assessment and tests to confirm a diagnosis.

Sometimes there may be another problem that causes reflux. You should see your GP or Child Health Centre if your baby has any of the following symptoms:

- Green, yellow or blood-stained vomiting
- Difficulty swallowing, is gagging or choking
- Fever
- Irritability and consistently difficult to settle
- Sudden and forceful vomiting in large volumes
- Refusing feeds or won't eat

- Swollen or bloated tummy area
- Blood or mucous in poo
- Losing weight or only gaining weight slowly.

Is there anything I can do?

Reflux and regurgitation can be very worrying for parents. While it is difficult, it is important to remember that in the majority of cases, reflux will resolve itself without treatment or medication. Your family and friends may talk to you about some other ways to manage your baby's reflux.

It is important to continue to ask for support and to also consider the scientific evidence which suggests the following:

Feeding

- Continue to feed in the way you have chosen (breast or bottle feed)
- You should not change from breastfeeding or change the formula unless advised by the doctor, child health nurse or dietician.

Feed thickening

- Studies suggest that using a feed thickener or thickened formula (with 'AR' in the title) is helpful in reducing the signs of reflux. The authors of the studies found that vomiting is reduced and weight gain is improved with thickened feeds. (1, 6)
- Thickener can be used in formula and expressed breast milk or alternatively, it can be mixed and given as a gel during breastfeeding.
- You should talk to your doctor or child health nurse about whether or not a feed thickener will help your baby.

Positioning and sleeping

- During a bottle feed, you can try to keep your baby upright if possible. Following either a breast or bottle feed, you can try keeping your baby upright over your shoulder or sitting on your knee for a short period of time. Try not to bounce them around or provide too much stimulation following a feed.
- Safe sleeping recommendations indicate that babies with reflux should be only placed on their back to sleep on a firm, flat mattress. There is no evidence to support the elevation of the head of the cot for babies with reflux. There is no evidence to support the use of positioning wedges or pillows in the cot for babies with reflux (3). There is no evidence to support placing your baby on their side or tummy to sleep for babies with reflux. (1, 2)
- It is OK to prop your baby or offer them tummy time if they are awake after a feed and you are able to supervise them.

Smoking

Environmental tobacco smoke may also cause reflux in babies. It is important that you don't smoke around your baby and that you don't allow other people to smoke around your baby (4, 5).

When to start solids

- At the current time, there is little to no evidence to suggest that starting solid feeds early can help with reflux. It is important to follow the Australian recommendation as discussed in the current (Dec 2012) Australian Infant Feeding Guidelines (7) which is to introduce solids at around six months of age and not before four months.
- When your infant is ready, start to introduce a variety of solid foods, starting with iron rich foods, while continuing to breast or formula feed.
- You should only start solids when your baby starts to show signs of readiness. This is the best guide in relation to when to start solids for your baby. The signs are things such as showing interest in what you are eating and possibly trying to grab your food, losing the tongue thrusting reflex which pushes the food out of their mouth and being able to sit upright. For some babies, these developmental milestones appear earlier or later than six months, but generally not before four months.

Medication

Some infants and children require medication to help manage reflux. If your baby or child regurgitates feeds or meals and otherwise behaves as you would expect a normal baby to behave, then they don't need medication. If your baby or child has pain, long periods of crying and unsettled behaviour, difficulty with feeding and poor weight gain, then your doctor may prescribe medication that helps to reduce acid production such as omeprazole.

Further information

- Talk to your family doctor/GP.
- Call 13 HEALTH and ask to speak to a child health nurse.
- Contact your local child health service for an appointment.
- Visit www.reflux.org.au

Contact us

Queensland Children's Hospital
501 Stanley Street, South Brisbane
t: 07 3068 1111 (general enquiries)

In an emergency, always call **000**.

If it's not an emergency but you have any concerns, contact **13 Health (13 43 2584)**. Qualified staff will give you advice on who to talk to and how quickly you should do it. You can phone 24 hours a day, seven days a week.

References

1. Craig, W.R, Hanlon-Dearman, A., Sinclair, C., Taback, s., Moffatt, M. (2004) Metoclopramide, thickened feedings and positioning for gastro-oesophageal reflux in children under two years. Cochrane Database Systematic Reviews, Issue 3. Art NO. : CD003502
2. SIDS and Kids. (2012). Sleep Safe, My Baby: A guide to assist sleeping your baby safely (long brochure). Melbourne: SIDS and Kids
3. SIDS and Kids. (2013). Information Statement: Sleeping position for babies with gastro-oesophageal reflux (GOR). Melbourne, National SIDS Council of Australia
4. Shenassa, E. D., and Brown, M. J., (2004). Maternal smoking and infantile gastrointestinal dysregulation: the case of colic. Paediatrics, 114 (4), e497-505
5. Vandenplas, Y., Gutierrez-Castrellon, P., Velasco-Benitez, C., Palacios, J., Jaen, D., Ribiero, H., Pei-Chi Shek, L., Lee, B. W., Alarcon, P., (2013). Practical algorithms for managing common gastrointestinal symptoms in infants. Nutrition 29 (2013) 184 – 194.
6. NICE guidelines, 2015. Reflux, regurgitation and heartburn in babies, children and young people. [nice.org.uk](http://www.nice.org.uk)
7. National Health and Medical Research Council 2012, *Infant Feeding Guidelines*. Australian Government, Canberra. (Available at <http://www.nhmrc.gov.au/guidelines/publications/n56>)

Resource No: FS137. Developed by Division of Medicine (Babies and General Paediatrics). Updated: November 2016. All information contained in this sheet has been supplied by qualified professionals as a guideline for care only. Seek medical advice, as appropriate, for concerns regarding your child's health.

