

reflux gastro- oesophageal

**It is important not to stop breast feeding
if your baby is diagnosed with gastro-oesophageal reflux.*

Reflux and sleeping

Once your infant's level of distress lessens, part of managing reflux may involve helping her to settle to sleep better.

The SIDS and Kids guidelines should always be followed when settling your infant, including remembering to put her to sleep on her back, make sure her face is not covered and keep her in a smoke free environment.

For information and support on helping your baby settle to sleep contact your local Child and Family Health Nurse or the Karitane Careline 1300 CARING (1300227464). You can also refer to the Karitane's Sleep and Settling parent information brochure (available at www.karitane.com.au)

Previously health professionals have suggested raising the head of the bed while babies sleep as this was thought to help reduce how often and how much reflux occurred. Recent studies of this practice have shown that it is unlikely to make a difference. Karitane does not use this method to manage reflux due to safety concerns and the fact that there is no evidence to support the benefit of this practice.

*You can also obtain more
information and support from
the Reflux Infant Support
Association (RISA)
at www.reflux.org.au*

Reviewed June 2009. References available on request.

For further information and support please consult:

- Child & Family Health Nurse
- General Practitioner
- Karitane Careline on 1300 CARING (1300 227 464)

Web: www.karitane.com.au
E-mail: Karitane.online@sswahs.nsw.gov.au
(This email address should be used for non-urgent queries only)

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For ease of reading the female gender has been used throughout this brochure.

The aim of this brochure is to provide information and strategies to help families care for a distressed infant who has gastro-oesophageal reflux.



Gastro-oesophageal reflux (GOR) is a condition that most often occurs in infants and children under the age of 18 months. It can cause infants to be fretful and difficult to feed, settle or sleep.

What causes reflux?

Experts are not always sure what causes GOR, but it is thought to be related to the immaturity of the infant's digestive tract. The muscles in the lower part of the oesophagus (food pipe) and stomach do not always coordinate, allowing milk to come back up into the oesophagus. Some infants produce more stomach acid than is needed to digest the milk.

The majority of children grow out of reflux by around 12 months of age as they spend more time in an upright position. Some other children can be affected by reflux until they are around 18 months to 2 years old.



Signs of reflux

Your baby may signal to you that she is hungry, but then after starting to feed she may begin to fuss, stop and start feeding or, after a few sucks, refuse to feed at all.

Some infants silently spill small amounts of milk leading to swallowing sounds when not feeding and/ or coughing. You may notice milk at the back of her mouth and/or nose or it may dribble out of her mouth. Some babies spill larger amounts or vomit. This 'regurgitation' of milk may cause her discomfort and she may become distressed and cry. It is thought the sensation is similar to heartburn and indigestion in adults.

Regurgitation is not always seen as a 'spill' - instead you may hear your baby gulping as she tries to reswallow the milk that has come back up into her throat. She may also have a snuffly nose.

Babies often arch their backs and squirm or stiffen when uncomfortable. Because of this discomfort she will often have

difficulty going to sleep or wake frequently and not re-settle. It can be exhausting and frustrating for both you and your little one as you may feel that none of your efforts to comfort her are effective.

In severe instances some infants may not gain enough weight.

What can you do?

If you notice your baby displaying any of these signs or are concerned it is important to take her to your local doctor or paediatrician for a check up. Most treatments for reflux will require a doctor's supervision.

A diagnosis is often made using the signs described. Sometimes specialised tests (such as a Ph Probe which checks how often and severe the reflux is) can be attended. If you take your baby to the doctor for a check-up, mention if there is any family history of reflux, allergies (such as cow's milk allergy) or food intolerances.

Managing Reflux

Here are a few suggestions for managing reflux symptoms:

- *Feed in an upright position and keep your baby upright for around 15-20 minutes after a feed. Holding her over your shoulder can be helpful.*
- *Use food thickener (only on the advice of your doctor or nurse).*
- *Sucking on a dummy may help keep the milk down in her stomach. Talk to your child and family health nurse if you are unsure of the advantages and disadvantages of using a dummy in your particular circumstances.*
- *Feed baby smaller amounts more often.*
- *Burp your baby throughout the feed, giving her a chance to have a short break and bring up any wind.*
- *Anti-reflux (AR) formula may be recommended for some bottle-fed infants by a doctor or nurse.*
- *Sometimes medications will be prescribed by a doctor.*