

The first medication that is tried is **Gaviscon Infant®**. If your baby is breastfed, this is given by mixing the powder with a small amount of cooled, boiled water or expressed breast milk and given on a spoon to your baby. If your baby is formula-fed, this can be added directly to your baby's feed. This should be added immediately before the feed so that the milk doesn't become too thick.

One individual dose sachet is added to each 115 ml (4oz) of feed. Your baby can have six doses each day. When your baby is older the doses of Gaviscon Infant® may change. Gaviscon Infant® works by forming a layer on top of your baby's feed in their stomach, to help prevent it returning back up their oesophagus.

If gaviscon infant is not effective, some other medications can be tried such as:

- **Carobel** – a natural thickener that can be mixed into milk to thicken it and help it to stay in the stomach. It can be used even if your baby is dairy free. It is prescribed by a doctor; or
- **omeprazole** or **lansoprazole** works by turning off the acid pump in the stomach in a similar way to ranitidine. It comes as granules or a dispersible tablet that is added to water before being given to your baby. This medication can take two weeks to work fully.

When will my baby get better?

Reflux symptoms improve in most babies after six months. Many parents find that once their baby can sit up unaided or when he or she starts solids, there is a big improvement in their symptoms. By the time babies are a year old, most symptoms have cleared up completely.

After discharge

Your doctor will write to your GP practice to inform them of your baby's diagnosis and any medication they have been started on. You may be given a follow-up appointment at the hospital to see how your baby is doing on their new medicines. Alternatively, your hospital doctor may suggest that your GP can manage your baby's condition, so if you have any further concerns you can make an appointment to see them.

Cow's milk protein allergy

A small number of babies with GORD will have an allergy to the proteins contained in dairy milk. Infant formulas contain dairy, and if a mother eats dairy products her breast milk will pass on the dairy proteins. Your paediatrician may ask you to avoid dairy in your diet, or to change your formula to a prescription-only dairy-free formula, to see if this helps your baby's GORD symptoms. Your doctor will give you information if this is the case.

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Simple reflux and gastro-oesophageal reflux disease (GORD) in infants



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What is reflux?

Most babies will have regurgitation of their feeds in the first six months of life. Small amounts are referred to as possetting, larger amounts as vomiting. This is normal in a healthy baby. It occurs because the gatekeeper muscle at the entrance of the stomach is weaker than in older children and adults, and when the stomach squeezes to push the milk through it, some of the milk and stomach contents bypass the gatekeeper muscle and come back up into the oesophagus (gullet).

Half of babies will have this happening regularly and this is referred to as gastro-oesophageal reflux (GOR), or **simple reflux**. Simple reflux does not need further investigation or medicines to treat it as it gets better as the baby gets older, and only 5% of babies will still have these symptoms by time they are 12 months old.

10–20% of babies will have additional problems, such as marked distress and screaming, poor growth or weight loss, or feed refusal. If symptoms like these occur then it is referred to as **gastro-oesophageal reflux disease (GORD)**. This occurs because the stomach contents are regurgitated frequently into the oesophagus, and as they contain acid can cause pain, which is a bit like heartburn in adults.

How do I know if my baby has GORD?

- Vomiting of feeds – often immediately after feeds but can be hours later. This can be a small vomit, but more often it will be regular forceful vomits;

and at least one of the following:

- reluctance to feed, because of apparent discomfort, but still seeming hungry for feeds;
- arching of their back during a feed or afterwards;
- irritability and/or persistent crying;
- poor weight gain, because not enough feed stays down; or
- coughing and/or wheezing and/or blue spells, especially during feeds.

What can be done to help my baby?

Positioning

You can place your baby in an upright position, particularly after feeds. You can do this by sitting your baby in a 'bouncy chair' when they are **awake**. Car seats are not advised for this purpose – babies should ideally spend no longer than two hours a day in a car seat, as this may affect their posture. Please ensure your baby is not left unattended.

When they are **asleep**, you can raise the head of their cot or Moses basket by 5–8cm (2–3 inches). You can do this by putting something like a heavy box or some books under the cot feet at the head

end, or by placing a rolled-up blanket or towel under the head of the mattress. Make sure your baby is placed in the 'feet to foot' position, lying on their back, as raising the head of the cot will make it easier for your baby to slip under the covers.

Some babies with reflux may find lying on their front more comfortable after they have fed. They should only lie on their front when they are **awake** and you are there to watch them. **Remember: 'front to play, back to sleep'.**

Feeding

If your baby is formula-fed it is a good idea to give them smaller, more frequent feeds so that their stomach doesn't get over full. The doctor may recommend a different formula that thickens in their stomach, making it more difficult for the feed to leave the stomach again.

Medicines

The doctor may recommend some medication if your baby has GORD. Medication is unlikely to be needed for **simple reflux**. You will know when the medicine is effective if the symptoms of acid burn (such as the distress and screaming, feed refusal and growth problems) improve. Medications for GORD will not stop a baby having vomiting or possetting as this is due to the weak gatekeeper muscle and medications do not improve that.

